

Provider: 297068

as of 01/11/2026

Eligibility Period: 01/11/25 - 05/08/26

Patient Name: SMILLIE, RONALD

Beneficiary ID: 7P27F35WV56

Birth Date: 03/11/1942

Gender: F

Per Medicare: SMILLIE RONALD T

Address: 501 LAKE HAVASU LN

BOULDER CITY NV 89005-1051

Discrepancy: M

Previous Inquiry Date: N/A - new inquiry*

Benefit Information

Effective

Terminated

Lifetime Psychiatric Days: 190

ESRD Dialysis Date:

Part A: 11/01/2005 -

Lifetime Reserve Days: 60

ESRD Transplant Eff. Date:

Part B: 10/01/2015 -

ESRD Coverage Period Date:

Date of Death -

Smoking Cessation Days: 8

Initial Cessation Session Date:

QMB: -

Beneficiary ID Crosswalk: Data not Available

Part A/B

| Part A | | | | | | | | | | Part B | | | Blood Pints Part A/B |
|--------|------------|------------|---------------|--------|-----------|------|-----------|-----------|------------|-----------|--------------|---------|-------------------------|
| Type | First Bill | Last Bill | Hospital Days | | SNF Days | | Inpatient | | Deductible | Physical | Occupational | | |
| | | | Full | Coins. | Base | Full | Coins. | Base | Deductible | Remaining | Therapy | Therapy | |
| BASE | 01/01/2026 | 12/31/2026 | 60 | 30 | \$ 434.00 | 20 | 80 | \$ 217.00 | \$1,736.00 | \$ 283.00 | \$ 0.00 | \$ 0.00 | 3 |
| BASE | 01/01/2025 | 12/31/2025 | 60 | 30 | \$ 419.00 | 20 | 80 | \$ 209.50 | \$1,676.00 | \$ 0.00 | \$ 1,073.55 | \$ 0.00 | 3 |

Part D

| Effective | Terminated | Plan Code | Payer Name/Address | Plan Name/Website | Phone |
|--------------|------------|-----------|--|--|----------------|
| 01/01/2025 - | | S5921-410 | UNITEDHEALTHCARE INS. CO. & UHC INS. CO. OF NY 185 Asylum Street Hartford CT 061030450 | AARP Medicare Rx Preferred from UHC AARPMedicarePlans.com | (866) 460-8854 |

Rehabilitation Sessions

Pulmonary Remaining (G0424)

Cardiac Applied (93797, 93798)

Intensive Cardiac Applied (G0422, G0423)

Tech: 72 Prof: 56

Tech: 0 Prof: 0

Tech: 0 Prof: 0

Home Health Certification

| Process Date | Is Recert? | Process Date | Is Recert? | Process Date | Is Recert? | Process Date | Is Recert? |
|--------------|------------|--------------|------------|--------------|------------|--------------|------------|
| 01/20/2016 | N | | | | | | |

Home Health Episodes

| Start Date | End Date | Earliest Billing | Latest Billing | Patient Status/Des | Interm | Provider |
|------------|------------|------------------|----------------|-------------------------|--------|------------|
| 11/17/2025 | 12/16/2025 | | | NOA W/Condition Code 47 | 06014 | 1720712235 |

Behavioral Services

| HCPCS | Description | Tech Date | Prof Date | Deductible Base | Deductible Remaining | Coinsurance Percent |
|-------|-----------------------------------|------------|------------|-----------------|----------------------|---------------------|
| G0444 | Adult Depression Screening | 10/01/2015 | 06/01/2023 | - waived - | - | - waived - |
| G0443 | Alcohol Misuse Counseling | | 06/15/2022 | - waived - | - | - waived - |
| G0442 | Alcohol Misuse Screening | | 06/01/2023 | - waived - | - | - waived - |
| G0446 | Cardiovascular Disease Counseling | 10/01/2015 | 10/01/2015 | - waived - | - | - waived - |
| G0447 | Obesity Counseling | 10/01/2015 | 10/01/2015 | - waived - | - | - waived - |
| G0473 | Obesity Counseling | 10/01/2015 | 10/01/2015 | - waived - | - | - waived - |
| G0445 | STIs Screening/Counseling | 10/01/2015 | 10/01/2015 | - waived - | - | - waived - |

Diabetes Prevention Program (MDPP)

| Entitlement From | To | HCPCS | Ded | Coins | Date of Service | Proc | Description | Billing NPI | Name |
|------------------|------------|-------|------|-------|-----------------|------|-------------|-------------|------|
| 01/11/2025 | 05/08/2026 | | 0.00 | 0.00 | | | | | |

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| | | | |
|-------------------------------|-----------------------------|------------------------|-----------|
| Patient Name: SMILLIE, RONALD | Beneficiary ID: 7P27F35WV56 | Birth Date: 03/11/1942 | Gender: F |
|-------------------------------|-----------------------------|------------------------|-----------|

Provider Detail

1720712235
Provider detail not available.

The following sections had no data available: Hospice, Medicare Advantage, MSP
The following sections were suppressed: Preventive Services

* Previous requests must be within 90 days to be used for change comparison. Requests after 90 days are considered "new."

The information for this report was generated from a request dated 01/11/2026 01:18 PM, and is not a guarantee of coverage. Actual benefits are determined only when the claim is received by Medicare. Printed by Julia Koerber.

