

Provider: 297068

as of 01/12/2026

Eligibility Period: 01/12/25 - 05/09/26

Patient Name: FOYTIK, KIRK

Beneficiary ID: 9EM4VE5PC79

Birth Date: 07/30/1958

Gender: F

Discrepancy: M

Per Medicare: FOYTIK KIRK D

Address: 5356 RIVERBOAT CT

LAS VEGAS NV 89130-1760

Previous Inquiry Date: N/A - new inquiry\*

**Benefit Information**

Effective	Terminated	Lifetime Psychiatric Days: 190	ESRD Dialysis Date:
Part A: 07/01/2023 -		Lifetime Reserve Days: 60	ESRD Transplant Eff. Date:
Part B: 07/01/2023 -			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**

Type	Part A			Part B			Blood Pints Part A/B		
	First Bill	Last Bill	Hospital Days	SNF Days	Inpatient	Deductible Remaining	Physical Therapy	Occupational 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	\$ 169.88	\$ 0.00	3

**Part D**

Effective	Terminated	Plan Code	Payer Name/Address	Plan Name/Website	Phone
07/01/2023 -		S5921-410	UNITEDHEALTHCARE INS. CO. & UHC INS. CO. OF NY AARP Medicare Rx Preferred from UHC 185 Asylum Street Hartford CT 061030450	AARPMedicarePlans.com	(866) 460-8854

**Rehabilitation Sessions**

Pulmonary Remaining (G0424)	Cardiac Applied (93797, 93798)	Intensive Cardiac Applied (G0422, G0423)
Tech: 72 Prof: 72	Tech: 0 Prof: 0	Tech: 0 Prof: 0

**Home Health Certification**

Process Date	Is Recert?						
06/24/2024	N	05/29/2024	N				

**Home Health Episodes**

Start Date	End Date	Earliest Billing	Latest Billing	Patient Status/Des	Interim	Provider
08/03/2025	09/01/2025	08/04/2025	09/01/2025	30 Still patient	06014	1659725505 ACCELERATED HOME HEALTH CARE
07/04/2025	08/02/2025	07/09/2025	08/02/2025	30 Still patient	06014	1659725505 ACCELERATED HOME HEALTH CARE
06/04/2025	07/03/2025	06/09/2025	07/03/2025	30 Still patient	06014	1659725505 ACCELERATED HOME HEALTH CARE
05/05/2025	06/03/2025	05/05/2025	06/03/2025	30 Still patient	06014	1659725505 ACCELERATED HOME HEALTH CARE
04/05/2025	04/30/2025	04/08/2025	04/30/2025	06 Discharged or transferred to	06014	1659725505 ACCELERATED HOME HEALTH CARE
03/06/2025	04/04/2025	03/11/2025	04/04/2025	30 Still patient	06014	1659725505 ACCELERATED HOME HEALTH CARE
02/04/2025	03/05/2025	02/04/2025	03/05/2025	30 Still patient	06014	1659725505 ACCELERATED HOME HEALTH CARE
01/05/2025	02/03/2025	01/07/2025	02/03/2025	30 Still patient	06014	1659725505 ACCELERATED HOME HEALTH CARE

**Behavioral Services**

HCPCS	Description	Tech Date	Prof Date	Deductible	Deductible	Coinsurance Percent
				Base	Remaining	
G0444	Adult Depression Screening	07/01/2023	07/01/2023	- waived -	- waived -	- waived -
G0442	Alcohol Misuse Screening		07/01/2023	- waived -	- waived -	- waived -
G0446	Cardiovascular Disease Counseling	07/01/2023	07/01/2023	- waived -	- waived -	- waived -
G0447	Obesity Counseling	07/01/2023	07/01/2023	- waived -	- waived -	- waived -
G0473	Obesity Counseling	07/01/2023	07/01/2023	- waived -	- waived -	- waived -

[Help Document Link](#)

Page 1 of 2

The information for this report was generated from a request dated 01/12/2026 02:45 PM, and is not a guarantee of coverage. Actual benefits are determined only when the claim is received by Medicare. Printed by Julia Koerber.

Provider: 297068

as of 01/12/2026

Eligibility Period: 01/12/25 - 05/09/26

Patient Name: FOYTIK, KIRK

Beneficiary ID: 9EM4VE5PC79

Birth Date: 07/30/1958

Gender: F

**Behavioral Services**

HCPCS	Description	Tech Date	Prof Date	Deductible Base	Deductible Remaining	Coinsurance Percent
G0445	STIs Screening/Counseling	07/01/2023	07/01/2023	- waived -	- waived -	- waived -

**Diabetes Prevention Program (MDPP)**

Entitlement From	Entitlement To	HCPCS	Ded	Date of Service	Proc	Description	Billing NPI	Name
01/12/2025	05/09/2026		0.00	0.00				

**Provider Detail**

1659725505

ACCELERATED HOME HEALTH CARE LLC

9494 W FLAMINGO RD STE 102

LAS VEGAS NV 89147

**Immunizations**

Part B Status:

Part B Date:

Part B Deductible

Part B Coinsurance

HCPCS	Description	Vaccination Date	Rendering NPI	Rendering Name

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."

[Help Document Link](#)

Page 2 of 2

The information for this report was generated from a request dated 01/12/2026 02:45 PM, and is not a guarantee of coverage. Actual benefits are determined only when the claim is received by Medicare. Printed by Julia Koerber.

