

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

Per Medicare: FOYTIK KIRK D

Address: 5356 RIVERBOAT CT

LAS VEGAS NV 89130-1760

Discrepancy:M

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 Cession 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	\$ 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 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: 72

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?
06/24/2024	N	05/29/2024	N				

Home Health Episodes

Start Date	End Date	Earliest Billing	Latest Billing	Patient Status/Des	Interm	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 Base	Deductible Remaining	Coinsurance Percent
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 -

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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	To	HCPCS	Ded	Coins	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
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The following sections had no data available: Hospice, Medicare Advantage, MSP

The following sections were suppressed: Preventive Services