

Provider: 297068

as of 01/19/2026

Eligibility Period: 01/19/25 - 05/16/26

Patient Name: SANDOVAL, PAULINE
 Per Medicare: SANDOVAL PAULINE M
 Address: 3473 CONOUGH LANE
 LAS VEGAS NV 89129-6730

Beneficiary ID: 4TD9TV6XQ43

Birth Date: 05/14/1948

Gender: F

Previous Inquiry Date: N/A - new inquiry*

Benefit Information

Effective	Terminated	Lifetime Psychiatric Days: 190	ESRD Dialysis Date:
Part A: 05/01/2013	-	Lifetime Reserve Days: 60	ESRD Transplant Eff. Date:
Part B:	-		ESRD Coverage Period Date:
Date of Death	-		Initial Cessation Session Date:
QMB:	-		Beneficiary ID Crosswalk: Data not Available

Part A/B

Type	First Bill	Last Bill	Part A			Part B			Blood Pints
			Hospital Days		SNF Days	Inpatient	Deductible	Physical Therapy	
SPELL	12/31/2025 - 01/04/2026		56	30	\$ 419.00	20	80	\$ 209.50	\$0.00
SPELL	07/12/2025 - 07/14/2025		58	30	\$ 419.00	20	80	\$ 209.50	\$0.00
BASE	01/01/2026	12/31/2026	60	30	\$ 434.00	20	80	\$ 217.00	\$1,736.00
BASE	01/01/2025	12/31/2025	60	30	\$ 419.00	20	80	\$ 209.50	\$1,676.00

Part A/B Hospital SNF Stay

Start Date	End Date	Type	Billing NPI	Billing Provider
12/31/2025	01/04/2026	Hospital	1104870187	MOUNTAINVIEW HOSPITAL
07/12/2025	07/14/2025	Hospital	1104870187	MOUNTAINVIEW HOSPITAL

Part D

Effective	Terminated	Plan Code	Payer Name/Address	Plan Name/Website	Phone
01/01/2025 - 01/31/2025	S2135-804	BLUE CROSS BLUE SHIELD ASSOCIATION 200 E. Randolph St., Suite 1800 Chicago IL 60601		PSHB Standard Option www.fepblue.org	(202) 942-1270

Rehabilitation Sessions

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

MSP

Effective	Terminated	Policy / Group #	Insurer	Type
03/08/2022 - 03/08/2025		019704028G	STATE FARM INSURANCE CO. PO BOX 106170 ATLANTA GA 303486170	Other or Additional Payor 14 - Medicare Secondary, No-fault Insurance including Auto is Primary
Last Maintenance:	11/14/2024			
Diagnosis Codes	ORM - Y			
Source Code:	Source Code- 22-11122-MIR Non-Group Health Plan			
Patient Relation:	Patient Relationship- 01-Patient is insured			

The following sections had no data available: Hospice, PPS Episodes, Medicare Advantage, Behavioral Services, Home Health Certification, Preventive Services

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](#)

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