

Provider: 297068

as of 01/29/2026

Eligibility Period: 01/29/25 - 05/26/26

Patient Name: MENELEY, JEAN

Beneficiary ID: 1C01NR9JM90

Birth Date: 06/20/1937

Gender: F

Per Medicare: MENELEY JEAN W

Address: 1701 DOUBLE ARROW PL

LAS VEGAS NV 89128-8227

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

**Benefit Information**

Effective	Terminated	Lifetime Psychiatric Days: 190	ESRD Dialysis Date:
Part A: 06/01/2002 -		Lifetime Reserve Days: 60	ESRD Transplant Eff. Date:
Part B: 06/01/2004 -			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
	First Bill	Last Bill	Hospital Days	SNF Days	Inpatient	Deductible	Physical	Occupational	
BASE	01/01/2026	12/31/2026	60 30 \$ 434.00	20 80 \$ 217.00	\$ 1,736.00	\$ 0.00	\$ 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	\$ 0.00	\$ 0.00	3

**Part D**

Effective	Terminated	Plan Code	Payer Name/Address	Plan Name/Website	Phone
01/01/2018 -		S5884-175	HUMANA INSURANCE CO. & HUMANA INSURANCE CO. 1100 Employers Boulevard De Pere WI 54115	Humana Premier Rx Plan www.humana.com/medicare	(800) 448-6262

**Rehabilitation Sessions**

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

HCPCS	Description	Tech Date	Prof Date	Deductible	Deductible	Coinsurance
				Base	Remaining	
G0444	Adult Depression Screening	10/14/2011	11/01/2024	- waived -	- waived -	- waived -
G0443	Alcohol Misuse Counseling		11/29/2023	- waived -	- waived -	- waived -
G0442	Alcohol Misuse Screening		11/01/2024	- waived -	- waived -	- waived -
G0446	Cardiovascular Disease Counseling	11/08/2011	11/08/2011	- waived -	- waived -	- waived -
G0447	Obesity Counseling	11/29/2011	11/29/2011	- waived -	- waived -	- waived -
G0473	Obesity Counseling	01/01/2015	01/01/2015	- waived -	- waived -	- waived -
G0445	STIs Screening/Counseling	11/08/2011	11/08/2011	- waived -	- waived -	- waived -

**MSP**

Effective	Terminated	Policy / Group #	Insurer	Type
07/05/2017 -		000	CSAA INSURANCE EXCHANGE MAILSTOP W280 3055 OAK RD WALNUT CREEK CA 945972098	Other or Additional Payer
Last Maintenance:	11/03/2017			14 - Medicare Secondary, No-fault Insurance including Auto is Primary
Diagnosis Codes	ORM - Y			
Source Code:	Source Code- 22-11122-MIR	Non-Group Health Plan		
Patient Relation:	Patient Relationship- 01	Patient is insured		

**Diabetes Prevention Program (MDPP)**

Entitlement From	To	HCPCS	Ded	Coins	Date of Service	Proc	Description	Billing NPI	Name
01/29/2025	05/26/2026		0.00	0.00					

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**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, PPS Episodes, Medicare Advantage, Home Health Certification

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."

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