

Provider: 297068

as of 02/06/2026

Eligibility Period: 02/06/25 - 06/03/26

Patient Name: MILLER, DIANE Beneficiary ID: 6JY1PD7JT01 Birth Date: 07/29/1938 Gender: F
 Per Medicare: MILLER DIANE
 Address: 1982 ZICKER AVE
 LAS VEGAS NV 89123-2851 Previous Inquiry Date: 01/27/2026

Benefit Information

Effective Terminated Lifetime Psychiatric Days: 183 ESRD Dialysis Date:
 Part A: 07/01/2003 - Lifetime Reserve Days: 60 ESRD Transplant Eff. Date:
 Part B: 07/01/2003 - 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	First Bill	Last Bill	Part A				Part B			Blood Pints Part A/B			
			Hospital Days		SNF Days		Inpatient	Deductible	Physical		Occupational		
			Full	Coins.	Full	Coins.	Base	Deductible	Remaining	Therapy	Therapy		
SPELL	01/07/2026 -	01/14/2026	53	30	\$ 434.00	20	80	\$ 217.00	\$0.00				
SPELL	10/20/2025 -	11/02/2025	47	30	\$ 419.00	20	80	\$ 209.50	\$0.00				
SPELL	05/23/2025 -	07/18/2025	29	30	\$ 419.00	12	80	\$ 209.50	\$0.00				
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 A/B Hospital SNF Stay

Start Date	End Date	Type	Billing NPI	Billing Provider
01/07/2026	01/14/2026	Hospital	1083622120	PRIME HEALTHCARE HUNTINGTON BEACH, LLC
10/23/2025	11/02/2025	Hospital	1043284706	ENCOMPASS HEALTH REHABILITATION HOSPITAL OF TUSTIN
10/20/2025	10/23/2025	Hospital	1497702575	ORANGE COAST MEMORIAL MEDICAL CENTER
07/17/2025	07/18/2025	SNF	1821027632	HUNTINGTON VALLEY HEALTHCARE CENTER
07/11/2025	07/17/2025	Hospital	1083622120	PRIME HEALTHCARE HUNTINGTON BEACH, LLC
06/20/2025	06/30/2025	Hospital	1952866634	DIGNITY HEALTH REHABILITATION HOSPITAL
06/19/2025	06/20/2025	Hospital	1770626426	ST. ROSE DOMINICAN HOSPITAL, SIENA CAMPUS
06/03/2025	06/13/2025	Hospital	1114991874	ENCOMPASS HEALTH REHABILITATION HOSPITAL OF HENDERSON
05/27/2025	06/03/2025	SNF	1437697430	ADVANCED HEALTH CARE OF HENDERSON
05/27/2025	05/31/2025	SNF	1437697430	ADVANCED HEALTH CARE OF HENDERSON
05/23/2025	05/27/2025	Hospital	1770626426	ST. ROSE DOMINICAN HOSPITAL, SIENA CAMPUS

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?						
06/07/2023	Y	08/03/2022	Y	08/24/2021	Y	12/27/2020	Y
12/01/2022	Y	02/05/2022	Y	04/27/2021	Y		
10/02/2022	Y	12/06/2021	Y	02/25/2021	Y		

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Home Health Episodes

Start Date	End Date	Earliest Billing	Latest Billing	Patient Status/Des	Interm	Provider
10/17/2025	11/15/2025	11/05/2025	11/15/2025	30 Still patient	06014	1669524831 APEX HOME HEALTH CARE SERVICE
09/17/2025	10/16/2025	09/17/2025	10/16/2025	30 Still patient	06014	1669524831 APEX HOME HEALTH CARE SERVICE
08/18/2025	09/16/2025	08/19/2025	09/16/2025	30 Still patient	06014	1669524831 APEX HOME HEALTH CARE SERVICE
07/19/2025	08/17/2025	07/19/2025	08/17/2025	30 Still patient	06014	1669524831 APEX HOME HEALTH CARE SERVICE
06/16/2025	07/15/2025	06/16/2025	07/15/2025	30 Still patient	06014	1578059515 ACES HOME HEALTH SERVICES INC
04/25/2025	05/24/2025	04/28/2025	05/24/2025	30 Still patient	06014	1578059515 ACES HOME HEALTH SERVICES INC
03/26/2025	04/24/2025	03/26/2025	04/24/2025	30 Still patient	06014	1578059515 ACES HOME HEALTH SERVICES INC

Behavioral Services

HCPCS	Description	Tech Date	Prof Date	Deductible Base	Deductible Remaining	Coinsurance Percent
G0444	Adult Depression Screening	10/14/2011	07/01/2021	- waived -	-	- waived -
G0442	Alcohol Misuse Screening		10/14/2011	- waived -	-	- waived -
G0446	Cardiovascular Disease Counseling	11/08/2011	11/08/2011	- waived -	-	- waived -
G0447	Obesity Counseling	11/29/2011	11/29/2011	- waived -	-	- waived -
G0473	Obesity Counseling	01/01/2015	01/01/2015	- waived -	-	- waived -
G0445	STIs Screening/Counseling	11/08/2011	11/08/2011	- waived -	-	- waived -

Diabetes Prevention Program (MDPP)

Entitlement From	To	HCPCS	Ded	Coins	Date of Service	Proc	Description	Billing NPI	Name
02/06/2025	06/03/2026		0.00	0.00					

Provider Detail

1578059515 ACES HOME HEALTH SERVICES INC 1621 E FLAMINGO RD STE 15B LAS VEGAS NV 89119-5276	1669524831 APEX HOME HEALTH CARE SERVICES 408 S BEACH BLVD STE 215 ANAHEIM CA 92804-1892
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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, Medicare Advantage, MSP, Part D

The following sections were suppressed: Preventive Services