

Provider: 297068

as of 02/16/2026

Eligibility Period: 02/16/25 - 06/13/26

Patient Name: WONDRA, JEANNE Beneficiary ID: 1WF6UF2UC54 Birth Date: 07/29/1948 Gender: F
 Per Medicare: WONDRA JEANNE J
 Address: 4720 COHIBA WAY
 NORTH LAS VEGAS NV 89031-0268 Previous Inquiry Date: N/A - new inquiry*

Benefit Information

Effective Terminated Lifetime Psychiatric Days: 190 ESRD Dialysis Date:
 Part A: 07/01/2013 - Lifetime Reserve Days: 60 ESRD Transplant Eff. Date:
 Part B: 07/01/2013 - ESRD Coverage Period Date:
 Date of Death - Smoking Cessation Days: 7 Initial Cessation Session Date: 06/23/2025
 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 Full | Hospital Days Coins. | Base | SNF Days Full | SNF Days Coins. | Base | Inpatient Deductible | | Deductible Remaining | Physical Therapy | Occupational Therapy |
| SPELL | 06/23/2025 - | 07/10/2025 | 43 | 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 | \$ 0.00 | \$ 328.43 | \$ 0.00 | 3 |
| BASE | 01/01/2025 | 12/31/2025 | 60 | 30 | \$ 419.00 | 20 | 80 | \$ 209.50 | \$1,676.00 | \$ 0.00 | \$ 1,693.02 | \$ 0.00 | 3 |

Part A/B Hospital SNF Stay

| Start Date | End Date | Type | Billing NPI | Billing Provider |
|------------|------------|----------|-------------|--|
| 06/27/2025 | 07/10/2025 | Hospital | 1366976276 | PAM SQUARED AT LAS VEGAS, LLC |
| 06/23/2025 | 06/27/2025 | Hospital | 1487771812 | CENTENNIAL HILLS HOSPITAL MEDICAL CENTER |

Part D

| Effective | Terminated | Plan Code | Payer Name/Address | Plan Name/Website | Phone |
|--------------|------------|-----------|--|---|----------------|
| 01/01/2017 - | | S9701-801 | DEAN HEALTH INSURANCE, INC. 1277 Deming Way Madison WI 53717 | Navitus MedicareRx https://medicarerx.navitus.com/ | (920) 221-4087 |

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 |

Behavioral Services

| HCPCS | Description | Tech Date | Prof Date | Deductible Base | Deductible Remaining | Coinsurance Percent |
|-------|-----------------------------------|------------|------------|-----------------|----------------------|---------------------|
| G0444 | Adult Depression Screening | 07/01/2013 | 07/01/2013 | - waived - | - | - waived - |
| G0442 | Alcohol Misuse Screening | | 07/01/2013 | - waived - | - | - waived - |
| G0446 | Cardiovascular Disease Counseling | 07/01/2013 | 07/01/2013 | - waived - | - | - waived - |
| G0447 | Obesity Counseling | 07/01/2013 | 07/01/2013 | - waived - | - | - waived - |
| G0473 | Obesity Counseling | 01/01/2015 | 01/01/2015 | - waived - | - | - waived - |
| G0445 | STIs Screening/Counseling | 07/01/2013 | 07/01/2013 | - waived - | - | - waived - |

Diabetes Prevention Program (MDPP)

| Entitlement From | To | HCPCS | Ded Coins | Date of Service | Proc | Description | Billing NPI | Name |
|------------------|------------|-------|-----------|-----------------|------|-------------|-------------|------|
| 02/16/2025 | 06/13/2026 | | 0.00 0.00 | | | | | |

Patient Name: WONDRA, JEANNE

Beneficiary ID: 1WF6UF2UC54

Birth Date: 07/29/1948

Gender: F

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, PPS Episodes, Medicare Advantage, MSP, 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."

[Help Document Link](#)

The information for this report was generated from a request dated 02/16/2026 12:43 PM, and is not a guarantee of coverage. Actual benefits are determined only when the claim is received by Medicare. Printed by Cassidy Cortez.

