

Provider: 297068

as of 02/19/2026

Eligibility Period: 02/19/25 - 06/16/26

Patient Name: MARTIN, PAMELA      Beneficiary ID:9CU7Q52XX52      Birth Date: 07/14/1944      Gender:F  
 Per Medicare: MARTIN PAMELA F  
 Address: 5710 MANSE RD  
 PAHRUMP NV 89061-7003      Previous Inquiry Date: N/A - new inquiry\*

**Benefit Information**

Effective      Terminated      Lifetime Psychiatric Days: 190      ESRD Dialysis Date:  
 Part A: 07/01/2009 -      Lifetime Reserve Days: 60      ESRD Transplant Eff. Date:  
 Part B: 07/01/2009 -      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.	Base	Full	Coins.	Base	Deductible	Remaining	Therapy	Therapy	
SPELL	01/19/2026 -	01/22/2026	57	30	\$ 434.00	20	80	\$ 217.00	\$0.00				
SPELL	10/24/2025 -	11/14/2025	39	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	\$ 111.06	\$ 0.00	3
BASE	01/01/2025	12/31/2025	60	30	\$ 419.00	20	80	\$ 209.50	\$1,676.00	\$ 0.00	\$ 193.95	\$ 100.40	3

**Part A/B Hospital SNF Stay**

Start Date	End Date	Type	Billing NPI	Billing Provider
01/19/2026	01/22/2026	Hospital	1528101284	ST. ROSE DOMINICAN HOSPITAL, SAN MARTIN CAMPUS
11/06/2025	11/14/2025	Hospital	1316974645	HEALTHSOUTH DESERT CANYON REHABILITATION HOSPITAL
10/24/2025	11/06/2025	Hospital	1528101284	ST. ROSE DOMINICAN HOSPITAL, SAN MARTIN CAMPUS

**Part D**

Effective	Terminated	Plan Code	Payer Name/Address	Plan Name/Website	Phone
01/01/2025 -		S5601-058	SILVERSCRIPT INSURANCE COMPANY 445 Great Circle Road Nashville TN 37228	SilverScript Choice  www.aetnamedicare.com	(866) 235-5660

**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 Episodes**

Start Date	End Date	Earliest Billing	Latest Billing	Patient Status/Des	Interm	Provider
11/15/2025	12/14/2025			NOA W/O condition code 47	06014	1841680923 ENCOMPASS HEALTH HOME HEALTH

**Behavioral Services**

HCPCS	Description	Tech Date	Prof Date	Deductible	Deductible	Coinsurance Percent
				Base	Remaining	
G0444	Adult Depression Screening	10/14/2011	10/14/2011	- 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 -

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**Diabetes Prevention Program (MDPP)**

Entitlement From	To	HCPCS	Ded	Coins	Date of Service	Proc	Description	Billing NPI	Name
02/19/2025	06/16/2026		0.00	0.00					

**Provider Detail**

1841680923  
 ENCOMPASS HEALTH HOME HEALTH  
 6080 S FORT APACHE RD SUITE 105A  
 LAS VEGAS NV 89148-5656

**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, 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."

