

Provider: 297068

as of 03/04/2026

Eligibility Period: 03/04/25 - 06/29/26

Patient Name: BEARD, KATHERINE Beneficiary ID: 2H10DU1EG35 Birth Date: 05/31/1956 Gender: F
 Per Medicare: BEARD KATHERINE R
 Address: 2067 LAS VEGAS BLVD N TRLR 101 A
 NORTH LAS VEGAS NV 89030-5832 Previous Inquiry Date: N/A - new inquiry*

Benefit Information

Effective	Terminated	Lifetime Psychiatric Days: 190	ESRD Dialysis Date:
Part A: 12/01/2010 -		Lifetime Reserve Days: 60	ESRD Transplant Eff. Date:
Part B: 12/01/2010 -			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	12/05/2025 -	01/11/2026	60	30	\$ 419.00	0	71	\$ 209.50	\$1,676.00				
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
12/17/2025	01/11/2026	SNF	1548300262	SILVER HILLS HEALTH CARE CENTER
12/17/2025	12/31/2025	SNF	1548300262	SILVER HILLS HEALTH CARE CENTER
12/08/2025	12/17/2025	Hospital	1104870187	MOUNTAINVIEW HOSPITAL
12/05/2025	12/08/2025	SNF	1548300262	SILVER HILLS HEALTH CARE CENTER
11/19/2025	12/05/2025	Hospital	1104870187	MOUNTAINVIEW HOSPITAL

Medicare Advantage

Effective	Terminated	Plan Code	Payer Name/Address	Plan Name/Type/Website	Phone
07/01/2025 -	01/31/2026	H0609-076 Option C	UNITEDHEALTHCARE BENEFITS OF TEXAS, INC. 9800 Health Care Lane MN006-W500 Minnetonka MN 55343	UHC Complete Care Support NV-11 Health Maintenance Organization (HMO) - Medicare Risk UHC.com/Medicare	(800) 643-4845
06/01/2025 -	06/30/2025	H0609-037 Option C	UNITEDHEALTHCARE BENEFITS OF TEXAS, INC. 9800 Health Care Lane MN006-W500 Minnetonka MN 55343	UHC Complete Care NV-4 Health Maintenance Organization (HMO) - Medicare Risk UHC.com/Medicare	(800) 643-4845
05/01/2025 -	05/31/2025	H0609-076 Option C	UNITEDHEALTHCARE BENEFITS OF TEXAS, INC. 9800 Health Care Lane MN006-W500 Minnetonka MN 55343	UHC Complete Care Support NV-11 Health Maintenance Organization (HMO) - Medicare Risk UHC.com/Medicare	(800) 643-4845
02/01/2025 -	03/31/2025	H6622-029 Option C	HUMANA WI HEALTH ORGANIZATION INSURANCE CO 1555 North RiverCenter Drive Suite 206 Milwaukee WI 53212	Humana Gold Plus - Diabetes and Heart Health Maintenance Organization (HMO) - Medicare Risk www.humana.com/medicare	(800) 448-6262

Patient Name: BEARD, KATHERINE Beneficiary ID: 2H10DU1EG35 Birth Date: 05/31/1956 Gender: F

Part D

Effective	Terminated	Plan Code	Payer Name/Address	Plan Name/Website	Phone
02/01/2026 -		S5617-379	MEDCO CONTAINMENT LIFE AND MEDCO CONTAINMENT 300 East Randolph St Chicago IL 60601	HealthSpring Extra Rx HealthSpring.com/Medicare	(423) 954-6977
07/01/2025 - 01/31/2026		H0609-076	UNITEDHEALTHCARE BENEFITS OF TEXAS, INC. 9800 Health Care Lane MN006-W500 Minnetonka MN 55343	UHC Complete Care Support NV-11 UHC.com/Medicare	(800) 643-4845
06/01/2025 - 06/30/2025		H0609-037	UNITEDHEALTHCARE BENEFITS OF TEXAS, INC. 9800 Health Care Lane MN006-W500 Minnetonka MN 55343	UHC Complete Care NV-4 UHC.com/Medicare	(800) 643-4845
05/01/2025 - 05/31/2025		H0609-076	UNITEDHEALTHCARE BENEFITS OF TEXAS, INC. 9800 Health Care Lane MN006-W500 Minnetonka MN 55343	UHC Complete Care Support NV-11 UHC.com/Medicare	(800) 643-4845
02/01/2025 - 03/31/2025		H6622-029	HUMANA WI HEALTH ORGANIZATION INSURANCE CORP 1555 North RiverCenter Drive Suite 206 Milwaukee WI 53212	Humana Gold Plus - Diabetes and Heart www.humana.com/medicare	(800) 448-6262

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
02/11/2026	03/12/2026			NOA W/Condition Code 47	06014	1417355256 ANGEL'S HOPE HOME HEALTH,INC

Behavioral Services

HCPCS	Description	Tech Date	Prof Date	Deductible Base	Deductible Remaining	Coinsurance Percent
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 -

Diabetes Prevention Program (MDPP)

Entitlement From	To	HCPCS	Ded	Coins	Date of Service	Proc	Description	Billing NPI	Name
02/01/2026	06/29/2026		0.00	0.00					
04/01/2025	04/30/2025		0.00	0.00					

Provider Detail

1417355256
ANGEL'S HOPE HOME HEALTH,INC
3160 S VALLEY VIEW BLVD 101
LAS VEGAS NV 89102-8363

The following sections had no data available: Hospice, 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."

