Caring Nurses, Inc

Eligibility Coverage Detail *Report*

SULLIVAN, REBECCA

Provider: 297068 as of 07/10/2026 Eligibility Period: 07/10/25 - 11/04/26

Patient Name: SULLIVAN, REBECCA Beneficiary ID: 6J72JY1AK04 Birth Date: 03/03/1950 Gender: F
Per Medicare: SULLIVAN REBECCA S
Address: 2144 1400 S VALLEY VIEW BL
LAS VEGAS NV 89102-1648

Previous Inquiry Date: N/A - new inquiry*

Benefit Information

	Effective	Terminated				
Part A:	03/01/2015	-	Lifetime Psychiatric Days:	190	ESRD Dialysis Date:	
Part B:	03/01/2015	-	Lifetime Reserve Days:	60	ESRD Transplant Eff. Date:	
Date of Death		-			ESRD Coverage Period Date:	
QMB:		-	Smoking Cessation Days:	5	Initial Cessation Session Date:	11/01/2025
					Beneficiary ID Crosswalk:	Data not Available

Part A/B

			Part A							Part B			
			Hospital Days			SNF Days							
Type	First Bill	Last Bill	Full	Coins.	Base	Full	Coins.	Base	Inpatient Deductible	Deductible Remaining	Physical Therapy	Occupational Therapy	Blood Pints Part A/B
SPELL	05/17/2026	- 06/06/2026	54	30	$ 434.00	20	80	$ 217.00	$0.00				
SPELL	02/21/2026	- 03/11/2026	56	30	$ 434.00	6	80	$ 217.00	$0.00				
SPELL	12/07/2025	- 12/12/2025	55	30	$ 419.00	20	80	$ 209.50	$0.00				
SPELL	08/06/2025	- 08/06/2025	59	30	$ 419.00	20	80	$ 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
06/03/2026	06/06/2026	Hospital	1770626426	ST. ROSE DOMINICAN HOSPITAL, SIENA CAMPUS
05/17/2026	05/20/2026	Hospital	1003281452	HENDERSON HOSPITAL
02/25/2026	03/11/2026	SNF	1508303090	HORIZON RIDGE
02/25/2026	02/28/2026	SNF	1508303090	HORIZON RIDGE
02/21/2026	02/25/2026	Hospital	1770626426	ST. ROSE DOMINICAN HOSPITAL, SIENA CAMPUS
12/07/2025	12/12/2025	Hospital	1770626426	ST. ROSE DOMINICAN HOSPITAL, SIENA CAMPUS
08/06/2025	08/06/2025	Hospital	1417947490	VALLEY HOSPITAL MEDICAL CENTER

Medicare Advantage

Effective	Terminated	Plan Code	Payer Name/Address	Plan Name/Type/Website	Phone
01/01/2025	- 10/31/2025	H0609-038 Option C	UNITEDHEALTHCARE BENEFITS OF TEXAS, INC. 9800 Health Care Lane MN006-W500 Minnetonka MN 55343	AARP Medicare Advantage Essentials Value (R) Health Maintenance Organization (HMO) - Medicare Risk UHC.com/Medicare	(800) 643-4845

Part D

Effective	Terminated	Plan Code	Payer Name/Address	Plan Name/Website	Phone
01/01/2026	-	S5884-112	HUMANA INSURANCE CO. & HUMANA INSURANCE CO. OF 101 E. Main Street Louisville KY 40202	Humana Basic Rx Plan www.humana.com/medicare	(800) 448-6262
11/01/2025	- 12/31/2025	S4802-161	WELLCARE PRESCRIPTION INSURANCE, INC. 7700 Forsyth Blvd Clayton MO 63105	Wellcare Value Script go.wellcare.com/PDP	(888) 888-9355
01/01/2025	- 10/31/2025	H0609-038	UNITEDHEALTHCARE BENEFITS OF TEXAS, INC. 9800 Health Care Lane MN006-W500 Minnetonka MN 55343	AARP Medicare Advantage Essentials Value (R) UHC.com/Medicare	(800) 643-4845

Rehabilitation Sessions

Patient Name: SULLIVAN, REBECCA Beneficiary ID: 6J72JY1AK04 Birth Date: 03/03/1950 Gender: F

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	
04/11/2026	05/10/2026	04/16/2026	05/10/2026	30	Still patient	06014	1205115417	ADVOCARE HOME HEALTH LLC.
03/12/2026	04/10/2026	03/12/2026	04/10/2026	30	Still patient	06014	1205115417	ADVOCARE HOME HEALTH LLC.
02/01/2026	03/02/2026	02/05/2026	02/19/2026	02	Discharged or transferred t	06014	1205115417	ADVOCARE HOME HEALTH LLC.
01/02/2026	01/31/2026	01/02/2026	01/31/2026	30	Still patient	06014	1205115417	ADVOCARE HOME HEALTH LLC.
12/03/2025	01/01/2026	12/13/2025	01/01/2026	30	Still patient	06014	1205115417	ADVOCARE HOME HEALTH LLC.
11/03/2025	12/02/2025	11/03/2025	12/02/2025	30	Still patient	06014	1205115417	ADVOCARE HOME HEALTH LLC.

Behavioral Services

HCPCS	Description	Tech Date	Prof Date	Deductible Base	Deductible Remaining	Coinsurance Percent
G0444	Adult Depression Screening	03/01/2015	03/01/2015	- waived -		- waived -
G0442	Alcohol Misuse Screening		03/01/2015	- waived -		- waived -
G0446	Cardiovascular Disease Counseling	03/01/2015	03/01/2015	- waived -		- waived -
G0447	Obesity Counseling	03/01/2015	03/01/2015	- waived -		- waived -
G0473	Obesity Counseling	03/01/2015	03/01/2015	- waived -		- waived -
G0445	STIs Screening/Counseling	03/01/2015	03/01/2015	- waived -		- waived -

MSP

Effective	Terminated	Policy / Group #	Insurer	Type
04/06/2018	-	1549684	CIG CAPITOL INSURANCE GROUP PO BOX 40460 BAKERSFIELD CA 93384	Other or Additional Payor 47 - Medicare Secondary, Other Liability Insurance is Primary

Last Maintenance: 04/05/2019

Diagnosis Codes S59909A

Source Code: Source Code- 10-11110-Self Reports

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
11/01/2025	11/04/2026		0.00	0.00					

Provider Detail

1205115417
ADVOCARE HOME HEALTH LLC.
5594 S FORT APACHE RD STE 100
LAS VEGAS NV 89148-3611

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