Caring Nurses, Inc

Eligibility Coverage Detail *Report*

SGRO, THOMAS

Provider: 297068 as of 07/23/2026 Eligibility Period: 07/23/25 - 11/17/26

Patient Name: SGRO, THOMAS Beneficiary ID: 8GT0FX6FC34 Birth Date: 11/11/1937 Gender: F

Discrepancy: M

Per Medicare: SGRO THOMAS G

Address: 3949 W ALEXANDER AVE APT 1118
LAS VEGAS NV 89032-2913

Previous Inquiry Date: N/A - new inquiry*

Benefit Information

	Effective	Terminated
Part A:	11/01/2002	-
Part B:	11/01/2002	-
Date of Death		-
QMB:		-

Lifetime Psychiatric Days: 190
Lifetime Reserve Days: 60
Smoking Cessation Days: 8

ESRD Dialysis Date:
ESRD Transplant Eff. Date:
ESRD Coverage Period Date:
Initial Cessation Session Date:
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	04/25/2026	- 06/25/2026	46	30	$ 434.00	20	80	$ 217.00	$0.00				
SPELL	10/22/2025	- 01/16/2026	42	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	$ 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	$ 273.02	$ 0.00	3

Part A/B Hospital SNF Stay

Start Date	End Date	Type	Billing NPI	Billing Provider
06/22/2026	06/25/2026	Hospital	1831189638	SUMMERLIN HOSPITAL MEDICAL CENTER
05/04/2026	05/11/2026	Hospital	1831189638	SUMMERLIN HOSPITAL MEDICAL CENTER
04/25/2026	04/29/2026	Hospital	1831189638	SUMMERLIN HOSPITAL MEDICAL CENTER
01/14/2026	01/16/2026	Hospital	1528101284	ST. ROSE DOMINICAN HOSPITAL, SAN MARTIN CAMPUS
12/03/2025	12/07/2025	Hospital	1831189638	SUMMERLIN HOSPITAL MEDICAL CENTER
11/13/2025	11/24/2025	Hospital	1346230323	SPRING VALLEY MEDICAL CENTER
10/22/2025	10/23/2025	Hospital	1457306359	SOUTHERN HILLS HOSPITAL & MEDICAL CENTER

Part D

Effective	Terminated	Plan Code	Payer Name/Address	Plan Name/Website	Phone
05/01/2012	-	S5884-105	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

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?	Process Date	Is Recert?	Process Date	Is Recert?	Process Date	Is Recert?
05/25/2026	N	01/12/2026	Y	12/23/2025	N		

Patient Name: SGRO, THOMAS Beneficiary ID: 8GT0FX6FC34 Birth Date: 11/11/1937 Gender: F

Home Health Episodes

Start Date	End Date	Earliest Billing	Latest Billing	Patient Status/Des		Interm	Provider	
05/31/2026	06/29/2026	06/01/2026	06/01/2026	01	Discharged to home or self	06014	1013781715	
05/01/2026	05/30/2026	05/01/2026	05/30/2026	30	Still patient	06014	1013781715	
03/23/2026	04/21/2026	04/03/2026	04/15/2026	01	Discharged to home or self	06014	1891853305	LORIAN HOME SYSTEMS, INC. OF LA
02/21/2026	03/22/2026	03/05/2026	03/22/2026	30	Still patient	06014	1891853305	LORIAN HOME SYSTEMS, INC. OF LA
01/22/2026	02/20/2026	01/22/2026	02/20/2026	30	Still patient	06014	1891853305	LORIAN HOME SYSTEMS, INC. OF LA
12/23/2025	01/21/2026	12/30/2025	01/21/2026	30	Still patient	06014	1891853305	LORIAN HOME SYSTEMS, INC. OF LA
11/23/2025	12/22/2025	11/26/2025	12/22/2025	30	Still patient	06014	1891853305	LORIAN HOME SYSTEMS, INC. OF LA
10/24/2025	11/22/2025	10/24/2025	11/22/2025	30	Still patient	06014	1891853305	LORIAN HOME SYSTEMS, INC. OF LA

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
07/23/2025	11/17/2026		0.00	0.00					

Provider Detail

1013781715
Provider detail not available.

1891853305
LORIAN HOME SYSTEMS, INC. OF LAS VEGAS
3130 S RAINBOW BLVD SUITE 305
LAS VEGAS NV 89146-6232

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, Medicare Advantage, MSP
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."

The information for this report was generated from a request dated 07/23/2026 03:49 PM, and is not a guarantee of coverage. Actual benefits are determined only when the claim is received by Medicare. Printed by Julia Koerber.