

Patient Name: BIJOLD, URSULA

Beneficiary ID: 7J34GV8FH98

Birth Date: 08/05/1941

Gender: F

Per Medicare: BIJOLD URSULA

Address: 7501 FORT WILKINS DR

LAS VEGAS NV 89129-6585

Previous Inquiry Date: 09/01/2026

Benefit Information											
Effective	Terminated	Lifetime Psychiatric Days: 190				ESRD Dialysis Date:					
Part A: 08/01/2006	-	Lifetime Reserve Days: 60				ESRD Transplant Eff. Date:					
Part B: 08/01/2006	-					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													
Part A										Part B			Blood Pints Part A/B
Type	First Bill	Last Bill	Hospital Days		Base	SNF Days		Base	Inpatient Deductible	Deductible Remaining	Physical Therapy	Occupational Therapy	
SPELL	06/23/2026 - 08/20/2026		29	30	\$ 434.00	20	80	\$ 217.00	\$0.00				
SPELL	09/04/2025 - 09/20/2025		46	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	\$ 123.42	\$ 149.46	3

Part A/B Hospital SNF Stay					
Start Date	End Date	Type	Billing NPI		Billing Provider
08/18/2026	08/20/2026	Hospital	1104870187		MOUNTAINVIEW HOSPITAL
07/01/2026	07/22/2026	Hospital	1063796688		MOUNTAINVIEW HOSPITAL REHAB UNIT
06/23/2026	07/01/2026	Hospital	1104870187		MOUNTAINVIEW HOSPITAL
09/06/2025	09/20/2025	Hospital	1104870187		MOUNTAINVIEW HOSPITAL
09/04/2025	09/05/2025	Hospital	1487771812		CENTENNIAL HILLS HOSPITAL MEDICAL CENTER

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?
05/01/2026	N	10/21/2025	Y	02/28/2025	Y		
01/14/2026	Y	07/25/2025	Y	07/05/2024	Y		

Home Health Episodes							
Start Date	End Date	Earliest Billing	Latest Billing	Patient Status/Des		Interm	Provider
07/23/2026	08/21/2026			NOA	W/Condition Code 47	06014	1235247792 CARING NURSES, INC.
06/09/2026	07/08/2026	06/12/2026	07/08/2026	30	Still patient	06014	1235247792 CARING NURSES, INC.
05/10/2026	06/08/2026	05/14/2026	06/08/2026	30	Still patient	06014	1235247792 CARING NURSES, INC.
04/10/2026	05/09/2026	04/10/2026	05/09/2026	30	Still patient	06014	1235247792 CARING NURSES, INC.
01/28/2026	02/26/2026	02/24/2026	02/24/2026	01	Discharged to home or self	06014	1235247792 CARING NURSES, INC.
12/29/2025	01/27/2026	01/16/2026	01/27/2026	30	Still patient	06014	1235247792 CARING NURSES, INC.
11/29/2025	12/28/2025	12/01/2025	12/28/2025	30	Still patient	06014	1235247792 CARING NURSES, INC.
10/30/2025	11/28/2025	11/05/2025	11/28/2025	30	Still patient	06014	1235247792 CARING NURSES, INC.
09/30/2025	10/29/2025	10/01/2025	10/29/2025	30	Still patient	06014	1235247792 CARING NURSES, INC.
08/31/2025	09/29/2025	09/02/2025	09/29/2025	30	Still patient	06014	1235247792 CARING NURSES, INC.

Behavioral Services

Patient Name: BIJOLD, URSULA Beneficiary ID: 7J34GV8FH98 Birth Date: 08/05/1941 Gender: F

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 -	- waived -
G0442	Alcohol Misuse Screening		10/14/2011	- waived -	- waived -	- waived -
G0446	Cardiovascular Disease Counseling	11/08/2011	11/08/2011	- waived -	- waived -	- waived -
G0447	Obesity Counseling	11/29/2011	11/29/2011	- waived -	- waived -	- waived -
G0473	Obesity Counseling	01/01/2015	01/01/2015	- waived -	- waived -	- waived -
G0445	STIs Screening/Counseling	11/08/2011	11/08/2011	- waived -	- waived -	- waived -

MSP

Effective	Terminated	Policy / Group #	Insurer	Type
02/24/2026	- 02/24/2029	000712873	UNITED SERVICES AUTOMOBILE ASSOC PO BOX 33490 SAN ANTONIO TX 782653490	Other or Additional Payor 14 - Medicare Secondary, No-fault Insurance including Auto is Primary
Last Maintenance: 07/09/2026				
Diagnosis Codes ORM - Y				
Source Code: Source Code- 22-11122-MIR Non-Group Health Plan				
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
09/02/2025	12/28/2026		0.00	0.00					

Provider Detail

1235247792
CARING NURSES, INC.
2968 E RUSSELL RD
LAS VEGAS NV 89120-2453

The following sections had no data available: Hospice, Medicare Advantage, Part D
The following sections were suppressed: Preventive Services