

Provider: 297068

as of 09/08/2026

Eligibility Period: 09/08/25 - 01/03/27

Patient Name: MOORE, PAMELA  
Per Medicare: MOORE PAMELA L  
Address: 2506 CLARIDGE AVE  
HENDERSON NV 89074-6259

Beneficiary ID:3H58UN5KW21

Birth Date: 03/24/1951

Gender:F

Previous Inquiry Date: N/A - new inquiry\*

Benefit Information

Effective  
Part A: 03/01/2016 -  
Part B: 03/01/2016 -  
Date of Death -  
QMB: -

Terminated

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 |        |           | Inpatient  | Deductible | Physical | Occupational | Blood Pints |
| Type   | First Bill | Last Bill  | Full          | Coins. | Base      | Full     | Coins. | Base      | Deductible | Remaining  | Therapy  | Therapy      | Part A/B    |
| BASE   | 01/01/2026 | 12/31/2026 | 60            | 30     | \$ 434.00 | 20       | 80     | \$ 217.00 | \$1,736.00 | \$ 0.00    | \$ 0.00  | \$ 1,012.53  | 3           |
| BASE   | 01/01/2025 | 12/31/2025 | 60            | 30     | \$ 419.00 | 20       | 80     | \$ 209.50 | \$1,676.00 | \$ 0.00    | \$ 74.36 | \$ 394.15    | 3           |

Rehabilitation Sessions

Pulmonary Remaining (G0424)  
Tech: 72 Prof: 72

Cardiac Applied (93797, 93798)  
Tech: 0 Prof: 0

Intensive Cardiac Applied (G0422, G0423)  
Tech: 0 Prof: 0

Home Health Certification

| Process Date | Is Recert? | Process Date | Is Recert? | Process Date | Is Recert? | Process Date | Is Recert? |
|--------------|------------|--------------|------------|--------------|------------|--------------|------------|
| 08/30/2023   | N          |              |            |              |            |              |            |

Home Health Episodes

| Start Date | End Date   | Earliest Billing | Latest Billing | Patient Status/Des |                            | Interm | Provider                                 |
|------------|------------|------------------|----------------|--------------------|----------------------------|--------|------------------------------------------|
| 07/14/2026 | 08/12/2026 | 07/14/2026       | 08/12/2026     | 30                 | Still patient              | 06014  | 1659725505 ACCELERATED HOME HEALTH CARE  |
| 06/14/2026 | 07/13/2026 | 06/15/2026       | 07/13/2026     | 30                 | Still patient              | 06014  | 1659725505 ACCELERATED HOME HEALTH CARE  |
| 05/15/2026 | 06/13/2026 | 05/15/2026       | 06/13/2026     | 30                 | Still patient              | 06014  | 1659725505 ACCELERATED HOME HEALTH CARE  |
| 04/13/2026 | 05/12/2026 | 04/17/2026       | 05/12/2026     | 30                 | Still patient              | 06014  | 1659725505 ACCELERATED HOME HEALTH CARE  |
| 03/14/2026 | 04/12/2026 | 03/27/2026       | 04/12/2026     | 30                 | Still patient              | 06014  | 1659725505 ACCELERATED HOME HEALTH CARE  |
| 02/12/2026 | 03/13/2026 | 02/12/2026       | 03/13/2026     | 30                 | Still patient              | 06014  | 1659725505 ACCELERATED HOME HEALTH CARE  |
| 01/13/2026 | 02/11/2026 | 01/13/2026       | 02/11/2026     | 30                 | Still patient              | 06014  | 1659725505 ACCELERATED HOME HEALTH CARE  |
| 09/19/2025 | 10/18/2025 | 09/20/2025       | 09/20/2025     | 01                 | Discharged to home or self | 06014  | 1043419344 NEVADA HOME HEALTH PROVIDERS, |
| 08/20/2025 | 09/18/2025 | 08/20/2025       | 09/18/2025     | 30                 | Still patient              | 06014  | 1043419344 NEVADA HOME HEALTH PROVIDERS, |

Behavioral Services

| HCPCS | Description                       | Tech Date  | Prof Date  | Deductible Base | Deductible Remaining | Coinsurance Percent |
|-------|-----------------------------------|------------|------------|-----------------|----------------------|---------------------|
| G0444 | Adult Depression Screening        | 03/01/2016 | 03/01/2016 | - waived -      | - waived -           | - waived -          |
| G0442 | Alcohol Misuse Screening          |            | 03/01/2016 | - waived -      | - waived -           | - waived -          |
| G0446 | Cardiovascular Disease Counseling | 03/01/2016 | 03/01/2016 | - waived -      | - waived -           | - waived -          |
| G0447 | Obesity Counseling                | 03/01/2016 | 03/01/2016 | - waived -      | - waived -           | - waived -          |
| G0473 | Obesity Counseling                | 03/01/2016 | 03/01/2016 | - waived -      | - waived -           | - waived -          |
| G0445 | STIs Screening/Counseling         | 03/01/2016 | 03/01/2016 | - waived -      | - waived -           | - waived -          |

Diabetes Prevention Program (MDPP)

| Entitlement From | To         | HCPCS | Ded  | Coins | Date of Service | Proc | Description | Billing NPI | Name |
|------------------|------------|-------|------|-------|-----------------|------|-------------|-------------|------|
| 09/08/2025       | 01/03/2027 |       | 0.00 | 0.00  |                 |      |             |             |      |

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Patient Name: MOORE, PAMELA Beneficiary ID:3H58UN5KW21 Birth Date: 03/24/1951 Gender:F

Provider Detail

1043419344 1659725505  
NEVADA HOME HEALTH PROVIDERS, INC. ACCELERATED HOME HEALTH CARE LLC  
1210 S VALLEY VIEW BLVD STE 100 9494 W FLAMINGO RD STE 102  
LAS VEGAS NV 89102-1857 LAS VEGAS NV 89147

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, Part D  
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."

