

Provider: 297068 as of 09/09/2026 Eligibility Period: 09/09/25 - 01/04/27

Patient Name: PARK, MICHAEL Beneficiary ID:6YM9AM5TX36 Birth Date: 03/29/1947 Gender:M
Per Medicare: PARK MICHAEL
Address: 1029 ALAN SHEPARD ST
LAS VEGAS NV 89145-6004
Previous Inquiry Date: 09/08/2026

Benefit Information

Effective Terminated Lifetime Psychiatric Days: 190 ESRD Dialysis Date:
Part A: 03/01/2012 - Lifetime Reserve Days: 60 ESRD Transplant Eff. Date:
Part B: 03/01/2019 - 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			
Type	First Bill	Last Bill	Hospital Days		SNF Days		Inpatient		Deductible	Deductible	Physical	Occupational	Blood Pints
			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	\$ 1,428.30	\$ 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 D

Effective	Terminated	Plan Code	Payer Name/Address	Plan Name/Website	Phone
01/01/2026 -		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 - 12/31/2025		S5921-410	UNITEDHEALTHCARE INS. CO. & UHC INS. CO. OF NY 185 Asylum Street Hartford CT 061030450	AARP Medicare Rx Preferred from UHC AARPMedicarePlans.com	(866) 460-8854

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
08/04/2026	09/02/2026	08/04/2026	09/02/2026	30 Still patient	06014	1659725505 ACCELERATED HOME HEALTH CARE
07/05/2026	08/03/2026	07/08/2026	08/03/2026	30 Still patient	06014	1659725505 ACCELERATED HOME HEALTH CARE
06/05/2026	07/04/2026	06/05/2026	07/04/2026	30 Still patient	06014	1659725505 ACCELERATED HOME HEALTH CARE
01/29/2026	02/25/2026	01/29/2026	02/25/2026	06 Discharged or transferred to	06014	1154824985 A PLUS HOME HEALTH SYSTEMS LLC

Behavioral Services

HCPCS	Description	Tech Date	Prof Date	Deductible Base	Deductible Remaining	Coinsurance Percent
G0444	Adult Depression Screening	03/01/2019	10/01/2026	- waived -	-	- waived -
G0442	Alcohol Misuse Screening		03/01/2019	- waived -	-	- waived -
G0446	Cardiovascular Disease Counseling	03/01/2019	03/01/2019	- waived -	-	- waived -
G0447	Obesity Counseling	03/01/2019	03/01/2019	- waived -	-	- waived -
G0473	Obesity Counseling	03/01/2019	03/01/2019	- waived -	-	- waived -
G0445	STIs Screening/Counseling	03/01/2019	03/01/2019	- waived -	-	- waived -

Diabetes Prevention Program (MDPP)

Entitlement From	To	HCPCS	Ded	Coins	Date of Service	Proc	Description	Billing NPI	Name
09/09/2025	01/04/2027		0.00	0.00					

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Provider Detail

1154824985	1659725505
A PLUS HOME HEALTH SYSTEMS LLC	ACCELERATED HOME HEALTH CARE LLC
5670 W FLAMINGO RD STE D	9494 W FLAMINGO RD STE 102
LAS VEGAS NV 89103-2338	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
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The following sections had no data available: Hospice, Medicare Advantage, MSP, Home Health Certification
The following sections were suppressed: Preventive Services