

Patient Name: MARTIN, BEVERLY

Beneficiary ID: 2Y06CK9EV74

Birth Date: 04/05/1936

Gender: F

Per Medicare: MARTIN BEVERLY L

Address: 6316 CHIMNEY WOOD AVE

LAS VEGAS NV 89130-2351

Previous Inquiry Date: 08/26/2026

Benefit Information											
Effective	Terminated	Lifetime Psychiatric Days: 190				ESRD Dialysis Date:					
Part A: 04/01/2001 -		Lifetime Reserve Days: 60				ESRD Transplant Eff. Date:					
Part B: 05/01/2001 -						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		SNF Days		Inpatient		Deductible	Physical	Occupational		
			Full	Coins.	Base	Full	Coins.	Base	Deductible	Remaining	Therapy	Therapy	
SPELL	05/04/2026 -	05/17/2026	47	30	\$ 434.00	20	80	\$ 217.00	\$0.00				
SPELL	07/28/2025 -	08/12/2025	45	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	\$ 0.00	\$ 0.00	3

Part A/B Hospital SNF Stay					
Start Date	End Date	Type	Billing NPI	Billing Provider	
05/04/2026	05/17/2026	Hospital	1487771812	CENTENNIAL HILLS HOSPITAL MEDICAL CENTER	
08/02/2025	08/12/2025	Hospital	1063796688	MOUNTAINVIEW HOSPITAL REHAB UNIT	
07/28/2025	08/02/2025	Hospital	1104870187	MOUNTAINVIEW HOSPITAL	

Part D					
Effective	Terminated	Plan Code	Payer Name/Address	Plan Name/Website	Phone
01/01/2024 -		S2135-801	BLUE CROSS BLUE SHIELD ASSOCIATION 200 E. Randolph St., Suite 1800 Chicago IL 60601	FEHB Standard Option www.fepblue.org	(202) 942-1270

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		
07/17/2026	08/15/2026	07/20/2026	08/15/2026	30	Still patient	06014	1659725505	ACCELERATED HOME HEALTH CARE	
06/17/2026	07/16/2026	06/24/2026	07/16/2026	30	Still patient	06014	1659725505	ACCELERATED HOME HEALTH CARE	
05/18/2026	06/16/2026	05/18/2026	06/16/2026	30	Still patient	06014	1659725505	ACCELERATED HOME HEALTH CARE	
04/05/2026	05/04/2026	04/10/2026	05/04/2026	30	Still patient	06014	1659725505	ACCELERATED HOME HEALTH CARE	
03/06/2026	04/04/2026	03/06/2026	04/04/2026	30	Still patient	06014	1659725505	ACCELERATED HOME HEALTH CARE	
01/10/2026	02/08/2026	01/14/2026	02/08/2026	30	Still patient	06014	1659725505	ACCELERATED HOME HEALTH CARE	
12/11/2025	01/09/2026	12/16/2025	01/09/2026	30	Still patient	06014	1659725505	ACCELERATED HOME HEALTH CARE	
11/11/2025	12/10/2025	11/11/2025	12/10/2025	30	Still patient	06014	1659725505	ACCELERATED HOME HEALTH CARE	
10/12/2025	11/10/2025	10/14/2025	11/10/2025	30	Still patient	06014	1659725505	ACCELERATED HOME HEALTH CARE	
09/12/2025	10/11/2025	09/15/2025	10/11/2025	30	Still patient	06014	1659725505	ACCELERATED HOME HEALTH CARE	
08/13/2025	09/11/2025	08/13/2025	09/11/2025	30	Still patient	06014	1659725505	ACCELERATED HOME HEALTH CARE	

Behavioral Services

Provider: 297068

as of 09/10/2026

Eligibility Period: 09/10/25 - 01/05/27

Patient Name: MARTIN, BEVERLY Beneficiary ID: 2Y06CK9EV74 Birth Date: 04/05/1936 Gender: F

Behavioral Services

HCPCS	Description	Tech Date	Prof Date	Deductible Base	Deductible Remaining	Coinsurance Percent
G0444	Adult Depression Screening	10/14/2011	09/01/2022	- 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 -

Diabetes Prevention Program (MDPP)

Entitlement From	To	HCPCS	Ded	Coins	Date of Service	Proc	Description	Billing NPI	Name
09/10/2025	01/05/2027		0.00	0.00					

Provider Detail

1659725505
ACCELERATED HOME HEALTH CARE LLC
9494 W FLAMINGO RD STE 102
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