

Patient Name: CLEMENT, JUDITH

Beneficiary ID:5FC0TT5UT14

Birth Date: 03/25/1940

Gender:F

Per Medicare: CLEMENT JUDITH H

Address: UNIT 315 4940 S CONQUISTADOR ST

LAS VEGAS NV 89148-1869

Previous Inquiry Date: N/A - new inquiry*

Benefit Information											
Effective		Terminated	Lifetime Psychiatric Days: 190				ESRD Dialysis Date:				
Part A: 03/01/2005		-	Lifetime Reserve Days: 60				ESRD Transplant Eff. Date:				
Part B: 03/01/2005		-					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	Physical	Occupational	Blood Pints	
			Full	Coins.	Base	Full	Coins.	Base	Deductible	Remaining	Therapy	Therapy	Part A/B
SPELL	04/12/2026 -	04/16/2026	56	30	\$ 434.00	20	80	\$ 217.00	\$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	
04/12/2026	04/16/2026	Hospital	1104870187	MOUNTAINVIEW HOSPITAL	

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		
07/16/2026	08/14/2026	07/25/2026	08/14/2026	01	Discharged to home or self	06014	1659725505	ACCELERATED HOME HEALTH CARE	
06/16/2026	07/15/2026	06/16/2026	07/15/2026	30	Still patient	06014	1659725505	ACCELERATED HOME HEALTH CARE	
05/17/2026	06/15/2026	05/22/2026	06/15/2026	30	Still patient	06014	1659725505	ACCELERATED HOME HEALTH CARE	
04/17/2026	05/16/2026	04/17/2026	05/16/2026	30	Still patient	06014	1659725505	ACCELERATED HOME HEALTH CARE	

Behavioral Services									
HCPCS	Description			Tech Date	Prof Date	Deductible Base	Deductible Remaining	Coinsurance Percent	
G0444	Adult Depression Screening			10/14/2011	12/01/2022	- waived -	-	- waived -	
G0443	Alcohol Misuse Counseling				01/13/2023	- waived -	-	- waived -	
G0442	Alcohol Misuse Screening				01/01/2024	- waived -	-	- waived -	
G0446	Cardiovascular Disease Counseling			11/08/2011	08/01/2025	- 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
09/14/2025	01/09/2027		0.00	0.00					

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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

HCP	Description	Vaccination Date	Rendering NPI	Rendering Name
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The following sections had no data available: Hospice, Medicare Advantage, MSP, Part D, Home Health Certification

The following sections were suppressed: Preventive Services

The information for this report was generated from a request dated 09/14/2026 03:31 PM, and is not a guarantee of coverage. Actual benefits are determined only when the claim is received by Medicare. Printed by Arnold Villaluz.