

Patient Name: BOOKER, RICKY

Beneficiary ID: 1PQ9P35KW28

Birth Date: 04/04/1957

Gender: F

Per Medicare: BOOKER RICKY V

Address: 5155 W TROPICANA AVE APT 2003

LAS VEGAS NV 89103-7006

Discrepancy: M

Previous Inquiry Date: 09/03/2026

Benefit Information

EffectiveTerminatedLifetime Psychiatric Days: 190ESRD Dialysis Date:

Part A: 11/01/2012 -Lifetime Reserve Days: 60ESRD Transplant Eff. Date:

Part B: 11/01/2012 -ESRD Coverage Period Date:

Date of Death -Smoking Cessation Days: 8Initial 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	05/11/2026 - 07/23/2026		38	30	\$ 434.00	20	80	\$ 217.00	\$0.00				
SPELL	11/13/2025 - 12/23/2025		28	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
07/17/2026	07/23/2026	Hospital	1568439693	SPRING VALLEY MEDICAL CENTER
07/15/2026	07/17/2026	Hospital	1346230323	SPRING VALLEY MEDICAL CENTER
05/13/2026	05/25/2026	Hospital	1568439693	SPRING VALLEY MEDICAL CENTER
05/11/2026	05/13/2026	Hospital	1346230323	SPRING VALLEY MEDICAL CENTER
12/17/2025	12/23/2025	Hospital	1346230323	SPRING VALLEY MEDICAL CENTER
11/26/2025	12/09/2025	Hospital	1316974645	HEALTHSOUTH DESERT CANYON REHABILITATION HOSPITAL
11/13/2025	11/26/2025	Hospital	1346230323	SPRING VALLEY MEDICAL CENTER

Part D

Effective	Terminated	Plan Code	Payer Name/Address	Plan Name/Website	Phone
12/01/2025 -		S5601-058	SILVERSCRIPT INSURANCE COMPANY 445 Great Circle Road Nashville TN 37228	SilverScript Choice www.aetnamedicare.com	(866) 235-5660
01/01/2017 - 11/30/2025		S5601-058	SILVERSCRIPT INSURANCE COMPANY 445 Great Circle Road Nashville TN 37228	SilverScript Choice www.aetnamedicare.com	(866) 235-5660

Rehabilitation Sessions

Pulmonary Remaining (G0424)

Tech: 72Prof: 72

Cardiac Applied (93797, 93798)

Tech: 0Prof: 0

Intensive Cardiac Applied (G0422, G0423)

Tech: 0Prof: 0

Home Health Certification

Process Date	Is Recert?	Process Date	Is Recert?	Process Date	Is Recert?	Process Date	Is Recert?
02/25/2026	N	01/07/2026	N				

Patient Name: BOOKER, RICKY

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Birth Date: 04/04/1957

Gender: F

Home Health Episodes

Start Date	End Date	Earliest Billing	Latest Billing	Patient Status/Des		Interm	Provider	
09/05/2026	10/04/2026			NOA	W/Condition Code 47	06014	1235247792	CARING NURSES, INC.
07/28/2026	08/26/2026	07/28/2026	08/26/2026	30	Still patient	06014	1659725505	ACCELERATED HOME HEALTH CARE
04/10/2026	05/09/2026	04/14/2026	05/09/2026	30	Still patient	06014	1659725505	ACCELERATED HOME HEALTH CARE
03/11/2026	04/09/2026	03/11/2026	04/09/2026	30	Still patient	06014	1659725505	ACCELERATED HOME HEALTH CARE
02/09/2026	03/10/2026	02/12/2026	03/10/2026	30	Still patient	06014	1659725505	ACCELERATED HOME HEALTH CARE
01/10/2026	02/08/2026	01/16/2026	02/08/2026	30	Still patient	06014	1659725505	ACCELERATED HOME HEALTH CARE
12/11/2025	01/09/2026	12/11/2025	01/09/2026	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	11/01/2012	11/01/2012	- waived -	-	- waived -
G0442	Alcohol Misuse Screening		11/01/2012	- waived -	-	- waived -
G0446	Cardiovascular Disease Counseling	11/01/2012	11/01/2012	- waived -	-	- waived -
G0447	Obesity Counseling	11/01/2012	11/01/2012	- waived -	-	- waived -
G0473	Obesity Counseling	01/01/2015	01/01/2015	- waived -	-	- waived -
G0445	STIs Screening/Counseling	11/01/2012	11/01/2012	- waived -	-	- waived -

Diabetes Prevention Program (MDPP)

Entitlement From	To	HCPCS	Ded	Coins	Date of Service	Proc	Description	Billing NPI	Name
09/21/2025	01/16/2027		0.00	0.00					

Provider Detail

1235247792	1659725505
CARING NURSES, INC.	ACCELERATED HOME HEALTH CARE LLC
2968 E RUSSELL RD	9494 W FLAMINGO RD STE 102
LAS VEGAS NV 89120-2453	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

The following sections were suppressed: Preventive Services