

Patient Name: TOLBERT, DERECK

Beneficiary ID: 1EY4UW1GU63

Birth Date: 10/19/1956

Gender: F

Per Medicare: TOLBERT DERECK V

Address: 1236 W WASHINGTON AVE

LAS VEGAS NV 89106-3543

Discrepancy: M

Previous Inquiry Date: N/A - new inquiry*

Benefit Information

Effective

Terminated

Lifetime Psychiatric Days: 190

ESRD Dialysis Date:

Part A: 02/01/2015 -

Lifetime Reserve Days: 60

ESRD Transplant Eff. Date:

Part B: 02/01/2015 -

ESRD Coverage Period Date:

Date of Death -

Smoking Cessation Days: 8

Initial Cessation Session Date:

QMB: 05/01/2025

- NV QMB Plan

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		Base	SNF Days		Inpatient	Deductible	Physical	Occupational	
			Full	Coins.		Full	Coins.	Base	Deductible	Remaining	Therapy	Therapy
SPELL	02/23/2026 -	08/01/2026	37	30	\$ 0.00	20	80	\$ 0.00				
SPELL	12/05/2025 -	12/12/2025	53	30	\$ 0.00	20	80	\$ 0.00				
BASE	01/01/2026	12/31/2026	60	30	\$ 0.00	20	80	\$ 0.00			\$ 0.00	\$ 0.00
BASE	05/01/2025	12/31/2025	60	30	\$ 0.00	20	80	\$ 0.00		\$ 0.00	\$ 0.00	\$ 0.00
BASE	01/01/2025	04/30/2025	60	30	\$ 419.00	20	80	\$ 209.50	\$ 1,676.00	\$ 0.00	\$ 0.00	\$ 0.00

Part A/B Hospital SNF Stay

Start Date	End Date	Type	Billing NPI	Billing Provider
07/28/2026	08/01/2026	Hospital	1104870187	MOUNTAINVIEW HOSPITAL
05/31/2026	06/06/2026	Hospital	1104870187	MOUNTAINVIEW HOSPITAL
04/29/2026	05/02/2026	Hospital	1104870187	MOUNTAINVIEW HOSPITAL
03/12/2026	03/15/2026	Hospital	1104870187	MOUNTAINVIEW HOSPITAL
02/23/2026	03/02/2026	Hospital	1104870187	MOUNTAINVIEW HOSPITAL
12/05/2025	12/12/2025	Hospital	1528101284	ST. ROSE DOMINICAN HOSPITAL, SAN MARTIN CAMPUS

QMB

Start	End	Plan Description
05/01/2025		NV QMB Plan

Part D

Effective	Terminated	Plan Code	Payer Name/Address	Plan Name/Website	Phone
06/01/2025 -		S4802-093	WELLCARE PRESCRIPTION INSURANCE, INC. 7700 Forsyth Blvd Clayton MO 63105	Wellcare Classic go.wellcare.com/PDP	(888) 888-9355

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?
10/08/2025	Y	11/20/2024	N	01/16/2024	Y	08/14/2022	Y
08/09/2025	Y	07/14/2024	Y	11/17/2023	N	02/15/2022	N
06/10/2025	N	05/15/2024	Y	12/12/2022	Y	06/10/2021	N
02/10/2025	Y	03/16/2024	Y	10/13/2022	Y		

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Home Health Episodes

Start Date	End Date	Earliest Billing	Latest Billing	Patient Status/Des	Interm	Provider
05/12/2026	06/10/2026	05/12/2026	05/28/2026	02 Discharged or transferred to	06014	1417474867 NURSES CARE HOME HEALTH LLC
04/12/2026	05/11/2026	04/13/2026	05/11/2026	30 Still patient	06014	1417474867 NURSES CARE HOME HEALTH LLC
03/13/2026	04/11/2026	03/16/2026	04/11/2026	30 Still patient	06014	1417474867 NURSES CARE HOME HEALTH LLC
02/11/2026	03/12/2026	02/11/2026	03/12/2026	30 Still patient	06014	1417474867 NURSES CARE HOME HEALTH LLC
01/12/2026	02/10/2026	01/12/2026	02/10/2026	30 Still patient	06014	1417474867 NURSES CARE HOME HEALTH LLC
12/13/2025	01/11/2026	12/13/2025	01/11/2026	30 Still patient	06014	1417474867 NURSES CARE HOME HEALTH LLC
11/07/2025	12/06/2025	11/15/2025	12/06/2025	30 Still patient	06014	1417474867 NURSES CARE HOME HEALTH LLC
10/08/2025	11/06/2025	10/13/2025	11/06/2025	30 Still patient	06014	1417474867 NURSES CARE HOME HEALTH LLC
09/08/2025	10/07/2025	09/10/2025	10/07/2025	30 Still patient	06014	1417474867 NURSES CARE HOME HEALTH LLC

Behavioral Services

HCPCS	Description	Tech Date	Prof Date	Deductible Base	Deductible Remaining	Coinsurance Percent
G0444	Adult Depression Screening	02/01/2015	12/01/2020			
G0443	Alcohol Misuse Counseling		06/15/2020			
G0442	Alcohol Misuse Screening		06/01/2021			
G0446	Cardiovascular Disease Counseling	02/01/2015	02/01/2015			
G0447	Obesity Counseling	02/01/2015	02/01/2015			
G0473	Obesity Counseling	02/01/2015	02/01/2015			
G0445	STIs Screening/Counseling	02/01/2015	02/01/2015			

MSP

Effective	Terminated	Policy / Group #	Insurer	Type
07/25/2016	-		LIABILITY INSURANCE	Other or Additional Payor
Last Maintenance: 08/05/2016				47 - Medicare Secondary, Other Liability Insurance is Primary
Diagnosis Codes		R079,S6990XA,S8990XA		
Source Code:		Source Code- 10-11110-Self Reports		
Patient Relation:		Patient Relationship- 01-Patient is insured		

Diabetes Prevention Program (MDPP)

Entitlement From	To	HCPCS	Ded	Coins	Date of Service	Proc	Description	Billing NPI	Name
09/22/2025	01/17/2027		0.00	0.00					

Provider Detail

1417474867
NURSES CARE HOME HEALTH LLC
6069 S FORT APACHE RD STE 107
LAS VEGAS NV 89148-5647

The following sections had no data available: Hospice, Medicare Advantage
The following sections were suppressed: Preventive Services

The information for this report was generated from a request dated 09/22/2026 07:03 PM, and is not a guarantee of coverage. Actual benefits are determined only when the claim is received by Medicare. Printed by Julia Koerber.