All the Screens of Eligibility

Prin

Holly , Dernard (6JQ7TQ0XW20)

DOB:
02/21/1954
DOD:
SEX:
Male

Inquiry

Beneficiary Information

First Name:**
Dernard

Last Name:*
Holly

Birth Date:**
02/21/1954

Medicare ID:*
6JQ7TQ0XW20

Optional Fields for Requesting Historical Data Using Date Range

Date Range:
10/01/2026
-
10/27/2026

Eligibility

Part A Eligibility

Beneficiary insured due to age OASI

Effective Date:
02/01/2019
Termination Date:

Part B Eligibility

Beneficiary insured due to age OASI

Effective Date:
02/01/2019
Termination Date:

Part B Immunosuppressive Drug Eligibility

Effective Date:

Termination Date:

Inactive Periods

Effective Date:

Termination Date:

Reason:

Beneficiary Address

Address:
1320 Westburn Rd

Address 2:

City:
Catonsville

State:
MD

Zip:
21228-2760

End Stage Renal Disease (ESRD)

Coverage Period Effective Date:

Coverage Period End Date:

Dialysis Start Date:

Dialysis End Date:

Transplant Effective Date:

Additional Information

MBI End Date

End Date:

Prior Authorization

Part A - Click here to confirm HCPCS code requires prior authorization.
Part B - Click here to confirm CPT/HCPCS code requires prior authorization.
HHH - Currently not required.

Audiology Screening

Search:

HCPCS Code	HCPCS Label	Next Professional Date	Next Technical Date	Remaining Deductible	Co-insurance
92653	AEP neurodiagnostic i&r	07/01/2023		283	20%
92652	AEP threshold est mlt freq i&r	07/01/2023		283	20%
92651	AEP hearing status deter i&r	07/01/2023		283	20%
92640	Aud brainstem implt program	07/01/2023		283	20%
92627	Eval aud function ea addl 15	07/01/2023		283	20%
92626	Eval aud function surgical, first hour	07/01/2023		283	20%
92625	Tinnitus assessment	07/01/2023		283	20%

HCPCS Code	HCPCS Label	Next Professional Date	Next Technical Date	Remaining Deductible	Co-insurance
92623	Analysis, programming, and verification of sound processor, any type, each add. 15 mins	07/01/2023		283	20%
92622	Analysis, programming, and verification of sound processor, any type, 1st 60 mins	07/01/2023		283	20%
92621	Auditory function + 15 min	07/01/2023		283	20%
92620	Auditory function 60 min	07/01/2023		283	20%
92604	Reprogram cochlear implt 7/>	07/01/2023		283	20%
92603	Cochlear implant f/up exam, pt >=7 years of age	07/01/2023		283	20%
92602	Reprogram cochlear implant, pt <7 years of age	07/01/2023		283	20%
92601	Cochlear implant f/up exam, pt <7 years of age	07/01/2023		283	20%
92588	Evoked auditory test complete: TC Technical Component	07/01/2023	07/01/2023	283	20%
92587	Evoked auditory test limited: TC Technical Component	07/01/2023	07/01/2023	283	20%
92584	Electrocochleography	07/01/2023		283	20%
92583	Select picture audiometry	07/01/2023		283	20%
92582	Conditioning play audiometry	07/01/2023		283	20%
92579	Visual audiometry (vra)	07/01/2023		283	20%
92577	Stenger test speech	07/01/2023		283	20%
92576	Synthetic sentence test	07/01/2023		283	20%
92575	Sensorineural acuity test	07/01/2023		283	20%
92572	Staggered spondaic word test	07/01/2023		283	20%
92571	Filtered speech hearing test	07/01/2023		283	20%
92570	Acoustic immittance testing	07/01/2023		283	20%
92568	Acoustic refl threshold test	07/01/2023		283	20%
92567	Tympanometry	07/01/2023		283	20%
92565	Stenger test pure tone	07/01/2023		283	20%
92563	Tone decay hearing test	07/01/2023		283	20%
92562	Loudness balance test	07/01/2023		283	20%
92557	Comprehensive hearing test	07/01/2023		283	20%
92556	Speech audiometry complete	07/01/2023		283	20%
92555	Speech threshold audiometry	07/01/2023		283	20%
92553	Audiometry air & bone	07/01/2023		283	20%
92552	Pure tone audiometry air	07/01/2023		283	20%
92550	Tympanometry & reflex thresh	07/01/2023		283	20%

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MDPP Information

Coverage

Period 1
Start Date: 10/01/2026 **End Date:** 10/27/2026

Inactive Periods

Start Date: **End Date:**

Deductible

Period 1

Start Date:	10/01/2026	**End Date:**	10/27/2026
Deductible Amount:	0		

Co-Insurance

Period 1

Start Date:	10/01/2026	**End Date:**	10/27/2026
Co-Insurance Amount:	0		

HCPCS Details

HCPCS Code	Billing NPI	Date of Service
No Data Available		

Deductibles/Caps

Part B Deductible

Start Date:	01/01/2026	End Date:	12/31/2026
Deductible Amount:	$283		

Part B Remaining Deductible

Start Date:	01/01/2026	End Date:	12/31/2026
Remaining Deductible:	$0		

Co-insurance Details

Start Date:	01/01/2026	End Date:	12/31/2026
Co-insurance Amount:	20%		

Blood Deductible

Calendar Year:	2026	Number Of Units Remaining:	3

Occupational Therapy Cap

Calendar Year:	2026	Amount Used:	$0

Physical And Speech Therapy Cap

Calendar Year:	2026	Amount Used:	$0

Pulmonary Rehabilitation Services

Calendar Year:	2026	Professional Sessions Remaining:	72
Technical Sessions Remaining:	72		

Cardiac Rehabilitation Services

Calendar Year:	2026	Professional Sessions Used:	0
Technical Sessions Used:	0		

Intensive Cardiac Rehabilitation Services

Calendar Year:	2026	Professional Sessions Used:	0
Technical Sessions Used:	0		

Part B Free Services List of STC Codes

STC Codes:	42,5,67,80,AJ,CO	Value:	0%	Start Date:	01/01/2026	End Date:	12/31/2026

Mental Health Co-insurance (if different from the plan level Co-insurance) List of STC Codes

STC Codes:	Value:	Start Date:	End Date:

Preventative

COVID-19 Immunization

Immunization Date	HCPCS Code(s)	Rendering NPI
05/20/2026	90480	1649859158
05/20/2026	91322	1649859158
11/17/2021	0004A	1265465512

Pneumococcal Vaccine (PPV)

Vaccination Date	HCPCS Code(s)	Rendering NPI
06/13/2019	90670	1760421549
08/27/2020	90732	1760421549

Cognitive Assessment and Care Plan Services

Date Of Service	HCPCS Code(s)	Rendering NPI
	No data available	

Flu Vaccination

Vaccination Date	HCPCS Code(s)	Rendering NPI
09/18/2026	90653	1841816667
09/18/2026	G0008	1841816667

Smoking Cessation

Number of Sessions in Benefit Period:	8	Initial Session Date:	
Benefit Period Sessions Remaining:	8		

Acupuncture

Professional Sessions

Eligibility began on	01/21/2020	Professional Sessions Remaining	20

Technical Sessions

Eligibility began on	01/21/2020	Technical Sessions Remaining	20

Deductible Remaining By Spell

Search:

HCPCS Code	HCPCS Label	Next Professional Date	Next Technical Date	Remaining Deductible	Co-insurance
G0473	Intensive Behavioral Counseling for Obesity	02/01/2019	02/01/2019	0	0%
G0447	Intensive Behavioral Counseling for Obesity	02/01/2019	02/01/2019	0	0%
G0446	Intensive Behavioral Therapy (IBT) for Cardiovascular Disease (CVD)	02/01/2019	02/01/2019	0	0%
G0445	Screening and High Intensive Behavioral Counseling (HIBC) to prevent STIs	02/01/2019	02/01/2019	0	0%
G0444	Annual Depression Screening	02/01/2019	02/01/2019	0	0%
G0442	Annual Alcohol Misuse Screening	02/01/2019		0	0%
G0439	Annual Wellness Visit (AWV)	03/01/2023		0	0%
G0405	Initial Preventive Physical Examination1 (IPPE)	INACTIVE	INACTIVE	INACTIVE	INACTIVE
G0404	Initial Preventive Physical Examination1 (IPPE)	INACTIVE	INACTIVE	INACTIVE	INACTIVE
G0403	Initial Preventive Physical Examination1 (IPPE)	INACTIVE	INACTIVE	INACTIVE	INACTIVE
G0402	Initial Preventive Physical Examination1 (IPPE)	INACTIVE	INACTIVE	INACTIVE	INACTIVE
G0328	Fecal Occult Blood Test (FOBT)	02/01/2019	02/01/2019	0	0%
G0327	Colorectal cancer screening; blood-based biomarker		07/01/2021	0	0%
G0130	Single Energy Xray Study	02/01/2019	02/01/2019	0	0%
G0121	Colorectal Cancer Screening (COLO)	02/01/2019	02/01/2019	0	0%
G0118	Glaucoma Screening (GLAU)	02/01/2019	02/01/2019	283	20%
G0117	Glaucoma Screening (GLAU)	02/01/2019	02/01/2019	283	20%
G0105	Colorectal Cancer Screening (COLO)	02/01/2019	02/01/2019	0	0%
G0104	Colorectal Cancer Screening (COLO)	02/01/2019	02/01/2019	0	0%
G0103	Prostate Cancer Screening (PROS)	02/01/2019	02/01/2019	0	0%
G0102	Prostate Cancer Screening (PROS)	02/01/2019	02/01/2019	283	20%
90732		08/27/2020	08/27/1767	0	0%
90670		06/13/2019	08/27/1767	0	0%
84478	Cardiovascular Disease Screening (CARD)	02/01/2019	02/01/2019	0	0%
83718	Cardiovascular Disease Screening (CARD)	02/01/2019	02/01/2019	0	0%
83036	Hemoglobin; glycosylated (A1C)	01/01/2024	01/01/2024	0	0%
82951	Diabetes Screening Tests (DIAB)	02/01/2019	02/01/2019	0	0%
82950	Diabetes Screening Tests (DIAB)	02/01/2019	02/01/2019	0	0%
82947	Diabetes Screening Tests (DIAB)	02/01/2019	02/01/2019	0	0%
82465	Cardiovascular Disease Screening (CARD)	02/01/2019	02/01/2019	0	0%
82270	Fecal Occult Blood Test (FOBT)	02/01/2019	02/01/2019	0	0%
81528	Colorectal Cancer Screening (COLO)		02/01/2019	0	0%
80061	Cardiovascular Disease Screening (CARD)	02/01/2019	02/01/2019	0	0%
77081	DXA Bone Density Study; appendicular skeleton	02/01/2019	02/01/2019	0	0%

HCPCS Code	HCPCS Label	Next Professional Date	Next Technical Date	Remaining Deductible	Co-insurance
77080	Dual Energy Xray Absorptiometry (DXA) Bone Density Study; axial skeleton	02/01/2019	02/01/2019	0	0%
77078	Computed Tomography Bone Mineral Density Study	02/01/2019	02/01/2019	0	0%
76977	Ultrasound Bone Density Measurement and Interpretation	02/01/2019	02/01/2019	0	0%
76706	Ultrasound Screening for Abdominal Aortic Aneurysm (AAA)	07/01/2007	07/01/2007	0	0%
74263	CT colonography screening	01/01/2025	01/01/2025	0	0%
71271	LDCT Lung Cancer Screening	01/01/2021	01/01/2021	0	0%
0464U	Oncology (colorectal) screening		02/01/2019	0	0%

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Hepatitis Screening

Date of Service	HCPCS Code	HCPCS Label	Provider or Rendering NPI	Deductible	Co-insura

No data available

HIV/PrEP - Pre-Exposure Prophylaxis for HIV Prevention

Date of Service	HCPCS Code	HCPCS Label	Provider or Rendering NPI	Deductible	Co-insura

No data available

Medicare Advantage

We have provided the Medicare Advantage information available to us. If you need additional information regarding the patient's plan (e.g., patient ID number), please contact the Medicare Advantage plan or the patient.

Enrollment Date:
Contract Name:
Contract Number:
Address:
Address 2:
State:
Website:
Plan Benefit Package ID:
Bill Code:

Termination Date:
Plan Name:

Phone #:
City:
Zip:

Medicare Secondary Payer (MSP)

Maintenance Date:
Group Number:
Policy Number:
Effective Date:
Termination Date:
Type of Primary Insurance:
Diagnosis Codes:

Patient Relationship:
Source Code:
Address:
Address 2:
City:
State:
Zip:

Hospice/Home Health

Home Health Care

Patient Status:			
NOA Indicator:	NOA received with condition code 47		
HHEH Start Date:	09/09/2026	**HHEH End Date:**	10/08/2026
HHEH DOEBA Date:		**HHEH DOLBA Date:**	
Provider Number:	1487113239	**Provider Number Type**	NPI
Contractor Number:	15004	**Contractor Name:**	Cahaba GBA
HH Certification Start Date(s):		**HH Recertification Start Date(s):**	

Hospice

Hospice Episodes

Effective Date	Term Date	Start Date (DOEBA)	End Date (DOLBA)	Days Used	Provider Number	Type

No results found.

Notices of Election(NOE)

Notices of Election(NOE)

Date	Election Receipt Date	Provider Number	Provider Number Type	Revocation Code	Election Revocation Date

No results found.

Inpatient

Part A Deductible

Start Date:	01/01/2026	End Date:	12/31/2026
Deductible Amount:	$1736		

Inpatient Spell of Illness Detail

08/08/2026-09/08/2026

Start Date (DOEBA)	End Date (DOLBA)	Billing NPI	Type
08/14/2026	08/31/2026	1184373250	Skilled Nursing Facility (SNF)
08/14/2026	09/08/2026	1184373250	Skilled Nursing Facility (SNF)
08/08/2026	08/14/2026	1285672204	Hospital

Days Allowed

	Full Days	Coinsurance Days	Coinsurance Amount
Hospital	60	30	$434
SNF	20	80	$217
Lifetime Reserve Days	60	NA	$868
Lifetime Inpatient Psychiatric Hospital Limitation	190	NA	NA

Days Remaining

	DOEBA	DOLBA	Full Days	Coinsurance Days	Billing NPI
Hospital	01/01/2026	12/31/2026	60	30	1184373250
Hospital	08/08/2026	09/08/2026	54	30	1184373250
SNF	01/01/2026	12/31/2026	20	80	1184373250
SNF	08/08/2026	09/08/2026	0	75	1184373250
Lifetime Reserve Days	01/01/2026	12/31/2026	60	NA	1184373250
Lifetime Inpatient Psychiatric Hospital Limitation	NA	NA	190	NA	1184373250

Part A Free Services List of STC Codes

STC Codes:	42,45	Value:	0%
Start Date:	01/01/2026	End Date:	12/31/2026

Qualified Medicare Beneficiary (QMB) Program Eligibility

Beneficiaries who are enrolled in the Qualified Medicare Beneficiary (QMB) program are dually eligible for both Medicare and Medicaid. Beneficiaries who are enrolled in the Q program are not liable for Medicare co-insurance or deductible payments.ï¿½Note that QMB status may fluctuate for a minority of Beneficiaries. If eligibility results indicate th Beneficiary QMB enrollment has terminated, please verify the patient's QMB status through State online Medicaid eligibility systems or other documentation, including Medic Identification cards and documents issued by the State proving the patient qualifies for the QMB program.

Medicaid Enrollment

State:
Enrollment Date: Termination Date:

Part A Deductible

Start Date: End Date:
Deductible Amount:

Inpatient Base Summary

Start Date: End Date:
Full Days Allowed: Full Copay Days Allowed:
Copay Amount:

Inpatient Days Remaining (May Also Include Spells)

DOEBA Date: DOLBA Date:
Full Inpatient Days: Full Inpatient Copay Days:
Copay Amount:

SNF Base Summary

Start Date: End Date:
SNF Full Days Allowed: SNF Full Copay Days:
Copay Amount:

SNF Days Remaining (May Also Include Spells)

DOEBA Date: DOLBA Date:
Full SNF Days: Full SNF Copay Days:
Copay Amount:

Lifetime Reserve

Lifetime Days Allowed:	60	Lifetime Days Remaining:	60
Start Date:		End Date:	
Copayment Amount:			

Part B Deductible

Part B Deductible

Start Date: End Date:
Deductible Amount:

Part B Co-Insurance

Start Date: End Date:
Co-Insurance Amount:

Eligibility Response

Response Generated: 10/26/2026 11:46:23 pm CT

Your Request

Payer	Medicare (HETS)
Provider ID (NPI)	1487113239 - HomeCentris Home Health
Service Dates	10/1/2026 - 10/27/2026
Last Name	HOLLY
First Name	DERNARD
Member ID	6JQ7TQ0XW20
DOB	2/21/1954

Patient Demographics

Address	1320 WESTBURN RD, CATONSVILLE, MD 21228-2760
Gender	M

Eligibility State:	Active Coverage
	Display on Dashboard
	Currently Unreviewed
Owner:	Me (Sta. Rita, Jasmin)
Follow-up Status:	Financial Counseling/Self Pay Front Desk POS Collection
Follow-up Date:	mm/dd/yyyy
Add Request to Batch	Choose a Batch

Update Request

Service Coverage Overview

0 User Note(s)

Eligibility Summary: Active Coverage

Eligible Date Medicare Part A:	2/1/2019	Eligible Date Medicare Part B:	2/1/2019
Entitlement Reason Medicare Part A:	0-Beneficiary insured due to age OASI	Entitlement Reason Medicare Part B:	0-Beneficiary insured due to age OASI

COVID-19 Immunizations

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Edit Display Show All Hide All

Immunization Eligibility

Hide

Medicare Part B:	Eligible
Calendar Year 2026:	Base Deductible: **$0.00**
Co-Insurance:	**0%** for Calendar Year 2026

Immunization History

Hide

Code **0004A** Date:	11/17/2021	Rendering NPI:	1265465512

Medicare Part D

Enrollment:	1/1/2025	Contract / Plan #:	S4802 / 140
Organization Name:	WELLCARE PRESCRIPTION INSURANCE, INC.		
Plan Name:	Wellcare Value Script		
Address:	7700 Forsyth Blvd, Clayton, MO 63105		
Telephone:	(888) 888-9355		

Inpatient/SNF/ESRD

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Displaying 3 of 3 sections

Edit Display Show All Hide All

Inpatient Days Remaining

Hide

Insurance Type:	Medicare Part A		
Spell:	8/8/2026 - 9/8/2026	**54** Days Remaining @ **$0.00**/Day DOEBA:8/8/2026	**30** Co-Pay Days Remaining @ **$434.00**/Day DOLBA:9/8/2026
Co-Payments:	Calendar Year 2026		
	Days: **1** - **60** @ **$0.00**/Day		
	60 Days Remaining @ **$0.00**/Day		
	Days: **61** - **90** @ **$434.00**/Day		
	30 Days Remaining @ **$434.00**/Day		
LTR:	**60** Days Remain of **60** Days Total		
LTR Co-Pay:	Calendar Year 2026 @ **$868.00**/Day		
Descriptions:	8/8/2026 - 9/8/2026 : **$0.00**		
Descriptions:	8/8/2026 - 8/14/2026 : **$0.00**		

SNF Days Remaining

Hide

Insurance Type:	Medicare Part A		
Spell:	8/8/2026 - 9/8/2026	**0** Days Remaining @ **$0.00**/Day DOEBA:8/8/2026	**75** Co-Pay Days Remaining @ **$217.00**/Day DOLBA:9/8/2026
Co-Payments:	Calendar Year 2026		
	Days: **1** - **20** @ **$0.00**/Day		
	20 Days Remaining @ **$0.00**/Day		

	Days: **21 - 100** @ **$217.00**/Day
	80 Days Remaining @ **$217.00**/Day

End Stage Renal Disease

Hide

No End Stage Renal Disease information available

Home Health & Hospice

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Displaying 3 of 3 sections — Edit Display | Show All | Hide All

Home Health Certification

Hide

No Home Health Certification information available

Home Health Care

Hide

Home Health Episode:	9/9/2026 - 10/8/2026 **Cahaba GBA**	DOEBA: Number: **15004**	DOLBA: NPI:
NOA Indicator:	**NOA-2**		
Home Health Episode:	9/9/2026 - 10/8/2026	DOEBA: Number:	DOLBA: NPI: **1487113239**
NOA Indicator:	**NOA-2**		
Home Health Episode:	No Date Range	DOEBA: Number:	DOLBA: NPI:
Patient Status Code:	**0-Beneficiary insured due to age OASI**		
Home Health Episode:	No Date Range	DOEBA: Number:	DOLBA: NPI:
Patient Status Code:	**0-Beneficiary insured due to age OASI**		
Calendar Year 2026:	Base Deductible: **$0.00**		
Co-Insurance:	**0%** for Calendar Year 2026		

Hospice

Hide

No Hospice Periods found within the requested service dates

Therapy Caps

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OT/PT/ST Caps

Hide

Occupational Therapy

Descriptions:	Calendar Year 2026 Used Amount: **$0.00**

Physical / Speech Therapy

Descriptions:	Calendar Year 2026 Used Amount: **$0.00**

Pulmonary Rehab Service Limits

Hide

Limitations:	**72** Sessions Remaining - Technical **72** Sessions Remaining - Professional

Cardiac Rehab

Hide

Limitations:	**0** Sessions Used - Technical **0** Sessions Used - Professional **0** Sessions Used - Intensive Cardiac Rehabilitation - Technical **0** Sessions Used - Intensive Cardiac Rehabilitation - Professional

Blood Deductible

Hide

Exclusions:	Calendar Year 2026 Remaining: **3**

Smoking Cessation

Hide

Limitations:	**8** Sessions Remaining of **8** Base Sessions

Acupuncture Benefit Limits

Hide

No Acupuncture Benefit Limits information available

Service Types

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Edit Display Show All Hide All

Health Benefit Plan Coverage (30)

Active Coverage

Hide

Insurance Type:	Medicare Part A	Effective Date:	2/1/2019
Calendar Year 2026:			
Spell:	8/8/2026 - 9/8/2026	**54** Days Remaining @ **$0.00**/Day DOEBA:8/8/2026	**30** Co-Pay Days Remaining @ **$434.00**/Day DOLBA:9/8/2026
Co-Payments:	Calendar Year 2026		
	Days: **1** - **60** @ **$0.00**/Day		
	60 Days Remaining @ **$0.00**/Day		

	Days: **61** - **90** @ **$434.00**/Day		
	30 Days Remaining @ **$434.00**/Day		
LTR:	**60** Days Remain of **60** Days Total		
LTR Co-Pay:	Calendar Year 2026 @ **$868.00**/Day		
Descriptions:	8/8/2026 - 9/8/2026 : **$0.00**		
Insurance Type:	Medicare Part B	Effective Date:	2/1/2019
Calendar Year 2026:	Base Deductible: **$283.00** Deductible Remaining: **$0.00**		
Co-Insurance:	**20%** for Calendar Year 2026		

Adjunctive Dental Services (28)

Active Coverage Hide

Alcoholism (AJ)

Active Coverage Hide

Insurance Type:	Medicare Part B	Effective Date:	2/1/2019
Calendar Year 2026:	Base Deductible: **$0.00**		
Co-Insurance:	**0%** for Calendar Year 2026		

Alternate Method Dialysis (15)

Active Coverage Hide

Ambulatory Service Center Facility (13)

Active Coverage Hide

Anesthesia (7)

Active Coverage Hide

Audiology Exam (71)

Active Coverage Hide

Blood Charges (10)

Active Coverage Hide

Cardiac Rehabilitation (BG)

Active Coverage Hide

Insurance Type:	Medicare Part B	Effective Date:	2/1/2019
Limitations:	**0** Sessions Used - Technical **0** Sessions Used - Professional **0** Sessions Used - Intensive Cardiac Rehabilitation - Technical **0** Sessions Used - Intensive Cardiac Rehabilitation - Professional		

Case Management (CQ)

Active Coverage Hide

Insurance Type:	Medicare Part B	Effective Date:	10/1/2026 - 10/27/2026
10/1/2026 - 10/27/2026:	Base Deductible: **$0.00**		
Co-Insurance:	**0%** for 10/1/2026 - 10/27/2026		

Chemotherapy (78)	Active Coverage	Hide
Chiropractic (33)	Active Coverage	Hide
Cognitive Therapy (BD)	Active Coverage	Hide
Consultation (3)	Active Coverage	Hide
Dental Accident (37)	Active Coverage	Hide
Dental Crowns (36)	Active Coverage	Hide
Diagnostic Dental (23)	Active Coverage	Hide
Diagnostic Lab (5)	Active Coverage	Hide

Insurance Type:	Medicare Part B	Effective Date:	2/1/2019
Calendar Year 2026:	Base Deductible: **$0.00**		
Co-Insurance:	**0%** for Calendar Year 2026		

Diagnostic Medical (73)	Active Coverage	Hide
Diagnostic X-Ray (4)	Active Coverage	Hide
Dialysis (76)	Active Coverage	Hide
Drug Addiction (AK)	Active Coverage	Hide
Durable Medical Equipment (DM)	Active Coverage	Hide
Durable Medical Equipment Purchase (12)	Active Coverage	Hide
Durable Medical Equipment Rental (18)	Active Coverage	Hide
Emergency Services (86)	Active Coverage	Hide
Endodontics (26)	Active Coverage	Hide
Family Planning (82)	Non-Covered	Hide
Flu Vaccination (CO)	Active Coverage	Hide

Insurance Type:	Medicare Part B	Effective Date:	10/27/2026

Calendar Year 2026:	Base Deductible: **$0.00**		
Co-Insurance:	**0%** for Calendar Year 2026		

Gynecological (BT)	**Active Coverage**	Hide
Home Health Care (42)	**Active Coverage**	Hide

Insurance Type:	Medicare Part B	Effective Date:	2/1/2019
Calendar Year 2026:	Base Deductible: **$0.00**		
Co-Insurance:	**0%** for Calendar Year 2026		

Hospice (45)	**Active Coverage**	Hide
Hospital - Ambulatory Surgical (53)	**Active Coverage**	Hide
Hospital - Emergency Accident (51)	**Active Coverage**	Hide
Hospital - Emergency Medical (52)	**Active Coverage**	Hide
Hospital - Inpatient (48)	**Active Coverage**	Hide

Insurance Type:	Medicare Part A	Effective Date:	2/1/2019
Descriptions:	8/8/2026 - 8/14/2026 : **$0.00**		

Hospital - Outpatient (50)	**Active Coverage**	Hide
Hospital - Room and Board (49)	**Active Coverage**	Hide
Immunizations (80)	**Active Coverage**	Hide

Insurance Type:	Medicare Part B	Effective Date:	10/27/2026
Calendar Year 2026:	Base Deductible: **$0.00**		
Co-Insurance:	**0%** for Calendar Year 2026		

Infertility (83)	**Active Coverage**	Hide
Long Term Care (54)	**Non-Covered**	Hide
Maternity (69)	**Active Coverage**	Hide
Maxillofacial Prosthetics (27)	**Active Coverage**	Hide
MRI/CAT Scan (62)	**Active Coverage**	Hide

Newborn Care (65)	Active Coverage	Hide
Obstetrical (BU)	Active Coverage	Hide
Obstetrical/Gynecological (BV)	Active Coverage	Hide
Occupational Therapy (AD)	Active Coverage	Hide

Insurance Type:	Medicare Part B	Effective Date:	2/1/2019
Descriptions:	Calendar Year 2026 Used Amount: **$0.00**		

Oral Surgery (40)	Active Coverage	Hide
Orthodontics (38)	Active Coverage	Hide
Pediatric (BH)	Active Coverage	Hide
Periodontics (24)	Active Coverage	Hide
Pharmacy (88)	Active Coverage	Hide
Physical Medicine (AE)	Active Coverage	Hide

Insurance Type:	Medicare Part B	Effective Date:	2/1/2019
Descriptions:	Calendar Year 2026 Used Amount: **$0.00**		

Physician Visit - Office: Well (BZ)	Active Coverage	Hide
Podiatry (93)	Active Coverage	Hide
Professional (Physician) Visit - Home (A3)	Active Coverage	Hide
Professional (Physician) Visit - Inpatient (99)	Active Coverage	Hide
Professional (Physician) Visit - Office (98)	Active Coverage	Hide
Professional (Physician) Visit - Outpatient (A0)	Active Coverage	Hide
Prosthodontics (39)	Active Coverage	Hide
Psychiatric (A4)	Active Coverage	Hide
Psychiatric - Inpatient (A7)	Active Coverage	Hide

Psychiatric - Outpatient (A8)	Active Coverage	Hide	
Psychiatric - Room and Board (A5)	Active Coverage	Hide	
Psychotherapy (A6)	Active Coverage	Hide	
Pulmonary Rehabilitation (BF)	Active Coverage	Hide	
Insurance Type:	Medicare Part B	Effective Date:	2/1/2019
Limitations:	**72** Sessions Remaining - Technical **72** Sessions Remaining - Professional		
Radiation Therapy (6)	Active Coverage	Hide	
Renal (RN)	Active Coverage	Hide	
Renal Supplies in the Home (14)	Active Coverage	Hide	
Restorative (25)	Active Coverage	Hide	
Routine (Preventive) Dental (41)	Non-Covered	Hide	
Routine Physical (81)	Active Coverage	Hide	
Second Surgical Opinion (20)	Active Coverage	Hide	
Skilled Nursing Care (AG)	Active Coverage	Hide	
Insurance Type:	Medicare Part A	Effective Date:	2/1/2019
Spell:	8/8/2026 - 9/8/2026	**0** Days Remaining @ **$0.00**/Day DOEBA:8/8/2026	**75** Co-Pay Days Remaining @ **$217.00**/Day DOLBA:9/8/2026
Co-Payments:	Calendar Year 2026		
	Days: **1** - **20** @ **$0.00**/Day		
	20 Days Remaining @ **$0.00**/Day		
	Days: **21** - **100** @ **$217.00**/Day		
	80 Days Remaining @ **$217.00**/Day		
Smoking Cessation (67)	Active Coverage	Hide	

Insurance Type:	Medicare Part B	Effective Date:	2/1/2019
Calendar Year 2026:	Base Deductible: **$0.00**		
Co-Insurance:	**0%** for Calendar Year 2026		
Limitations:	**8** Sessions Remaining of **8** Base Sessions		

Speech Therapy (AF)	Active Coverage	Hide
Substance Abuse (AI)	Active Coverage	Hide
Surgical (2)	Active Coverage	Hide
Surgical Assistance (8)	Active Coverage	Hide
Urgent Care (UC)	Active Coverage	Hide
Vision (Optometry) (AL)	Active Coverage	Hide
Well Baby Care (68)	Non-Covered	Hide

Preventative

Go To Top

Displaying 0 of 35 sections Edit Display Show All Hide All

Hospital/SNF Stays

Go To Top

Displaying 2 of 2 sections Edit Display Show All Hide All

Hospital Section

Hide

Spell: 1	DOEBA: **8/8/2026**	DOLBA: **9/8/2026**	
Hospital Stay:	8/8/2026 - 8/14/2026	NPI:	1285672204

SNF Section

Hide

Spell: 1	DOEBA: **8/8/2026**	DOLBA: **9/8/2026**	
SNF Stay:	8/14/2026 - 8/31/2026	NPI:	1184373250
SNF Stay:	8/14/2026 - 9/8/2026	NPI:	1184373250

Hospice/Home Health

PRINT Prin

Holly , Dernard (6JQ7TQ0XW20)

DOB:
02/21/1954
DOD:
SEX:
Male

Home Health Care

Patient Status:			
NOA Indicator:	NOA received with condition code 47		
HHEH Start Date:	09/09/2026	**HHEH End Date:**	10/08/2026
HHEH DOEBA Date:		**HHEH DOLBA Date:**	
Provider Number:	1487113239	**Provider Number Type**	NPI
Contractor Number:	15004	**Contractor Name:**	Cahaba GBA

Patient Status:	01-Discharged to home or self care		
NOA Indicator:			
HHEH Start Date:	07/13/2026	**HHEH End Date:**	08/11/2026
HHEH DOEBA Date:	07/14/2026	**HHEH DOLBA Date:**	08/06/2026
Provider Number:	1144400805	**Provider Number Type**	NPI
Contractor Number:	15004	**Contractor Name:**	Cahaba GBA

Patient Status:	30-Still patient		
NOA Indicator:	NOA received without condition code 47		
HHEH Start Date:	06/13/2026	**HHEH End Date:**	07/12/2026
HHEH DOEBA Date:	06/13/2026	**HHEH DOLBA Date:**	07/12/2026
Provider Number:	1144400805	**Provider Number Type**	NPI
Contractor Number:	15004	**Contractor Name:**	Cahaba GBA

HH Certification Start Date(s): **HH Recertification Start Date(s):**

Hospice

Hospice Episodes

Effective Date	Term Date	Start Date (DOEBA)	End Date (DOLBA)	Days Used	Provider Number	Type
No results found.						

Notices of Election(NOE)

Feedback

Notices of Election(NOE)

Date	Election Receipt Date	Provider Number	Provider Number Type	Revocation Code	Election Revocation Date
No results found.					