



MEDICARE SECONDARY PAYER QUESTIONNAIRE

\* **Questions for registrar:**

- |    |   |   |   |   |
|----|---|---|---|---|
| 1. | Is the patient unable to answer these questions?      | Y | N | U |
| 2. | Is the patient unwilling to answer these questions?   | Y | N | U |
| 3. | Is the patient unavailable to answer these questions? | Y | N | U |

\* **Questions to ask Medicare beneficiaries:**

- |     |   |   |   |   |
|-----|---|---|---|---|
| 1.  | Is this illness/injury covered by Worker's Compensation?  | Y | N | U |
| 2.  | Is this illness/injury covered by the Black Lung Program?   | Y | N | U |
| 3.  | Are you a member of a Health Maintenance Organization (HMO)?  | Y | N | U |
| 4.  | Is this illness/injury due to an automobile accident?   | Y | N | U |
| 5.  | Do you feel that another party is responsible for this illness/injury?  | Y | N | U |
| 6.  | Are these services to be paid by a government agency such as a research grant?  | Y | N | U |
| 7.  | Are you actively employed and covered by a Group Health Plan (GHP) with that company?<br>If no, Retirement Date: _____                    | Y | N | U |
| 8.  | Is your spouse actively employed and covers you with a Group Health Plan (GHP) with that company?<br>If no, spouse Retirement Date: _____ | Y | N | U |
| 9.  | Have you been confined as an inpatient to a hospital within the last 60 days?   | Y | N | U |
| 10. | Are you entitled to Medicare coverage solely on the basis of a Disability or End Stage Renal Disease (ESRD)?                              | Y | N | U |
| 11. | Have you completed the ESRD Coordination Period?  | Y | N | U |
| 12. | Have you had a kidney transplant?   | Y | N | U |
| 13. | Have you received maintenance dialysis treatments?  | Y | N | U |
| 14. | Are you eligible for coverage under the Veterans Administration (VA)?   | Y | N | U |
| 15. | Has the VA issued a special authorization for these services?   | Y | N | U |
| 16. | Do you authorize the hospital to bill the VA for these services?  | Y | N | U |

**Patient Name:** \_\_\_\_\_ **Completed by:** \_\_\_\_\_