

MEDICARE SECONDARY PAYER QUESTIONNAIRE – SHORT FORM

Beneficiary Name: _____ Age: _____
 HICN: _____

(Circle one)

1.	Is this illness/injury covered by Worker's Compensation? If yes, note employer/insurer name, address and claim number (if available) in #9 and file claim with them. If no, go to #2.	Yes No
2.	Is this illness/injury covered under the Federal Black Lung Program? If yes, file the claim with them. If no, go to #3.	Yes No
3.	Is this illness/injury the result of an auto accident? If yes, enter the responsible auto insurer in #9 and file the claim with them. If no, go to #4.	Yes No
4.	Is another party's liability insurance, non-liability insurance, or no-fault insurance liable for this illness/injury? If yes, enter information in #9 and file claim with them. If not, go to #5	Yes No
5.	Is this patient covered by an employer group health plan (EGHP), including Federal Employee Health Benefits? If yes, go to #6. If no, Medicare is primary.	Yes No
6.	Is this patient or his/her spouse actively employed by an employer of 20 or more employees? If yes, enter information in #9 and file the claim with them. If no, go to #7.	Yes No
7a.	Is the patient under 65 and entitled to Medicare due to a disability? If yes, go to #7b. If no, go to #8.	Yes No
7b.	Is the patient or his/her spouse or parent actively employed by, or is the patient considered an employee of an employer having 100 or more employees? If yes, enter LGHP data in #9 and file claim with them. If no, go to #8a.	Yes No
8a.	Is the patient entitled to Medicare solely on the basis of End Stage Renal Disease (ESRD)? If yes, go to #8b. If no, Medicare is primary.	Yes No
8b.	Has the patient completed the ESRD coordination period? If yes, Medicare is primary. If no, enter the EGHP date in #9 and file claim with them.	Yes No
9.	Name of insurance company: _____ Name of Insured: _____ Patient's relationship to insured: _____ Insured's policy number: _____ Insurer's address: _____ _____ Employer name: _____ Employer address: _____ Name of attorney(s) involved: _____	