

PATIENT LABEL AREA



MEDICARE SECONDARY PAYER QUESTIONNAIRE

PATIENT (BENEFICIARY) NAME: _____ DATE: _____

PART I

1. Was illness/injury due to a work related accident or condition and covered by a Workers Compensation (WC) plan or Federal Black Lung (BL) program?
 YES ► STOP. WC OR Federal BL program is primary.
 NO ► GO to Part II.

PART II

1. Was illness/injury due to a nonwork related accident?
 YES ► GO to next question.
 NO ► GO to Part III.
2. What type of accident caused illness/injury?
 AUTO ACCIDENT ► STOP
AUTO IS PRIMARY.
 OTHER ACCIDENT ► GO TO NEXT QUESTION.
3. Was another party responsible for this accident?
 YES ► STOP. Liability insurer is primary.
 NO ► GO to Part III.

PART III

1. Is the patient age 65 or older?
 YES ► GO to next question.
 NO ► GO to Part IV.
2. Is the patient undergoing kidney dialysis for ESRD?
 YES ► STOP. Medicare is primary.
 NO ► GO to next question.
3. Is the patient employed and covered by the Employer's Group Health Plan (EGHP)?
 YES ► STOP. EGHP is primary.
 NO ► GO to next question.
4. Is the patient's spouse employed?
 YES ► GO to next question.
 NO ► STOP. Medicare is primary.

5. Is the patient covered under the group health plan of the spouse's employer?
 YES ► STOP. EGHP is primary.
 NO ► GO to Part IV.

PART IV

1. Is the patient entitled to benefits solely on the basis of ESRD?
 YES ► GO to next question.
 NO ► GO to Part V.
2. Is the patient covered by an EGHP?
 YES ► GO to next question.
 NO ► STOP. Medicare is primary.
3. Has the patient been undergoing kidney dialysis for more than 12 months or been entitled to Medicare for more than 12 months?
 YES ► STOP. Medicare is primary.
 NO ► GO to next question.
4. Is the patient with-in a 12 month coordination period?
 YES ► STOP. EGHP is primary.
 NO ► STOP. Medicare is primary.

PART V

- If patient is a disabled Medicare beneficiary under age 65. Is the patient covered by a group health plan (GHP) based on the patient's own employment or employment of a spouse or family member?
- YES ► STOP. GHP is primary.
 NO ► STOP. Medicare is primary.

Patient's Signature: _____
 Date: _____
 Signature of Responsible Party: _____
 Date: _____

