

Patient Name: _____ Date of Birth: _____

Date Completed: _____

MEDICARE SECONDARY PAYOR QUESTIONNAIRE

1. Are you receiving Black Lung (BL) Benefits? Y N
2. Are the services to be paid by a government research program? Y N
3. Are you entitled to benefits through the Department of Veterans Affairs (DVA)? Y N
4. Was the illness/injury accident related? Y N
5. Which of the following describes your entitlement to Medicare?
 Age Disability End-Stage Renal Disease (ESRD)
- Please note that both "Age" and "ESRD" OR both "Disability" and "ESRD" may be selected simultaneously. An individual, however, cannot be entitled to Medicare based on "Age" and "Disability" simultaneously.*
6. Do you have a group health plan (GHP) coverage based on your own current employment? Y N
7. Do you have a group health plan (GHP) coverage based on your spouse's current employment? Y N