

Medicare Secondary Payer Questionnaire



PART I

1. Has the Department of Veterans Affairs (VA) authorized and agreed to pay for your care at this facility?

Yes

VA IS PRIMARY FOR THESE SERVICES

No

2. Was the illness/injury due to a work-related accident/condition?

Yes

Date of injury/illness: _____

Name and address of workers' compensation plan (WC) plan

Policy or identification number: _____

Name and address of your employer:

**WC IS PRIMARY PAYER ONLY FOR CLAIMS FOR WORK-RELATED INJURIES OR ILLNESS
GO TO PART III**

No

GO TO PART II

PART II

1. Was illness/injury due to a non-work-related accident?

Yes

Date of accident: _____

No

GO TO PART III

2. Is liability insurance available? (*Liability insurance is insurance that protects against claims based on negligence, inappropriate action or inaction, which results in injury to someone or damage to property.*)

Yes

Name and address of liability insurer(s) and responsible party:

Insurance claim number(s): _____

No

**NO-FAULT INSURER IS PRIMARY PAYER ONLY FOR THOSE SERVICES RELATED TO THE ACCIDENT. LIABILITY INSURANCE IS PRIMARY PAYER ONLY FOR THOSE SERVICES RELATED TO THE LIABILITY SETTLEMENT, JUDGMENT, OR AWARD.
GO TO PART III**

PART III

1. Are you entitled to Medicare based on:

Age

GO TO PART IV

Disability

GO TO PART V

End-Stage Renal Disease (ESRD)

GO TO PART VI

Please note that both "Age" and "ESRD" OR "Disability" and "ESRD" may be selected simultaneously. An individual cannot be entitled to Medicare based on "Age" and "Disability" simultaneously. Please complete ALL "PARTS" associated with the patient's selections.

PART IV – AGE

1. Are you currently employed?

Yes

Name and address of your employer

No

If applicable, date of retirement _____

No

Never Employed

2. Do you have a spouse who is currently employed?

Yes

Name and address of your spouse's employer

No.

If applicable, date of retirement _____

No

Never Employed

IF THE PATIENT ANSWERED "NO" TO BOTH QUESTIONS 1 AND 2, MEDICARE IS PRIMARY UNLESS THE PATIENT ANSWERED "YES" TO QUESTIONS IN PART I OR II. DO NOT PROCEED FURTHER.

3. Do you have group health plan (GHP) coverage based on your own or a spouse's current employment?

Yes, both.

Yes, self.

Yes, spouse.

No. **STOP. MEDICARE IS PRIMARY PAYER UNLESS THE PATIENT ANSWERED YES TO THE QUESTIONS IN PART I OR II.**

4. If you have GHP coverage based on your own current employment, does your employer that sponsors or contributes to the GHP employ 20 or more employees?

Yes. **GHP IS PRIMARY. OBTAIN THE FOLLOWING INFORMATION.**

Name and address of GHP:

Policy identification number _____
Group number _____
Name of policyholder/named insured _____
Relationship to patient _____

___ No

5. If you have GHP coverage based on your spouse's current employment, does your spouse's employer, that sponsors or contributes to the GHP, employ 20 or more employees?

___ Yes. **GHP IS PRIMARY. OBTAIN THE FOLLOWING INFORMATION.**

Name and address of GHP

Policy identification number _____
Group identification number _____
Name of policyholder/named insured _____
Relationship to patient _____

___ No

IF THE PATIENT ANSWERED "NO" TO BOTH QUESTIONS 4 AND 5, MEDICARE IS PRIMARY UNLESS THE PATIENT ANSWERED "YES" TO QUESTIONS IN PART I OR II.

PART V – DISABILITY

1. Are you currently employed?

___ Yes

Name and address of your employer

___ No

If applicable, date of retirement: _____

___ No. Never Employed.

2. Do you have a spouse who is currently employed?

___ Yes

Name and address of your *spouse's* employer:

___ No

If applicable, date of retirement: _____

___ No. Never Employed.

3. Do you have group health plan (GHP) coverage based on your own or a *spouse's* current employment?

___ Yes, both

___ Yes, self

___ Yes, spouse

___ No

4. Are you covered under the GHP of a family member other than your spouse?

___ Yes

Name and address of your family member's employer:

___ No

IF THE PATIENT ANSWERED "NO" TO QUESTIONS 1, 2, 3, AND 4, STOP. MEDICARE IS PRIMARY UNLESS THE PATIENT ANSWERED "YES" TO QUESTIONS IN PART I OR II.

5. If you have GHP coverage based on your own current employment, does your employer that sponsors or contributes to the GHP employ 100 or more employees?

___ Yes. **GHP IS PRIMARY. OBTAIN THE FOLLOWING INFORMATION.**

Name and address of GHP

Policy identification number _____

Group identification number: _____

Name of policyholder/named insured: _____

Relationship to patient: _____

___ No

6. If you have GHP coverage based on your spouse's current employment, does your spouse's employer, that sponsors or contributes to the GHP, employ 100 or more employees?

___ Yes. **GHP IS PRIMARY. OBTAIN THE FOLLOWING INFORMATION.**

Name and address of GHP

Policy identification number _____

Group identification number _____

Name of policyholder/named insured _____

Relationship to patient _____

___ No

7. If you have GHP coverage based on a family member's current employment, does your family member's employer, that sponsors or contributes to the GHP, employ 100 or more employees?

___ Yes. **GHP IS PRIMARY. OBTAIN THE FOLLOWING INFORMATION.**

Name and address of GHP

Policy identification number _____

Group identification number _____

Name of policyholder/named insured _____

Relationship to patient _____

___ No

IF THE PATIENT ANSWERED "NO" TO QUESTIONS 5, 6, AND 7, MEDICARE IS PRIMARY UNLESS THE PATIENT ANSWERED "YES" TO QUESTIONS IN PART I OR II.

Patient Signature

Date