



Medicare Secondary Payor Identification

Patient/Medicare # _____

Part I

1) Are you receiving Black Lung (BL) Benefits?

___ Yes; Date benefits began(MM/DD/YYYY) _____

BL IS PRIMARY ONLY FOR CLAIMS RELATED TO BL.

___ No. Go to next question.

2) Has the Department of Veterans Affairs (DVA) authorized and agreed to pay for care at this facility?

___ Yes. **DVA IS PRIMARY FOR THESE SERVICES.**

___ No. Go to next question.

3) Was the injury/illness due to a work related accident/condition?

___ Yes. Date of injury/illness:(MM/DD/YYYY) _____

WORKERS COMP IS PRIMARY PAYER IF THIS VISIT IS THE RESULT OF A WORK RELATED INJURY OR ILLNESS. GO TO PART III.

___ No. **GO TO PART II.**

Part II

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

___ Yes; Date of accident _____ Go to next question.

___ No. **GO TO PART III**

2) What type of accident caused the injury/illness? ___ Automobile ___ Non-automobile

Name and address of no-fault liability insurer: _____ Claim# _____

STOP. NO-FAULT INSURER IS PRIMARY PAYER IF THIS VISIT IS RELATED TO THE ACCIDENT. GO TO PART III.

3) Was another party responsible for this accident?

___ Yes. Provide information and go to Part III.

Name and Address of any liability insurer _____

Claim# _____

Part III

1) Are you entitled to Medicare based on:

___ Age. **Go to Part IV.**

___ Disability. **Go to Part IV.**

___ End Stage Renal Disease (ESRD) **Go to Part V.**

Part IV- Age or Disability

1) Are you currently employed?

___ Yes. Name and address of your employer _____

___ No, I'm retired. Date of retirement: _____

___ No, I am not currently working.

Part IV- Age or Disability (continued)

2) Is your spouse currently employed?

___ Yes. Name and address of spouse's employer _____

___ No, my spouse is retired. Date of retirement: _____

___ No, my spouse is not currently working.

IF THE PATIENT ANSWERED "NO" TO BOTH QUESTIONS 1 AND 2, MEDICARE IS PRIMARY. DO NOT PROCEED FURTHER. IF PATIENT ANSWERED "YES" TO EITHER QUESTION 1 OR 2, CONTINUE.

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

___ Yes. Proceed to question #4.

___ No. **STOP. MEDICARE IS PRIMARY PAYER.**

4) Does the employer that sponsors your GHP employ 20 or more employees?

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

Name and address of GHP: _____

Policy ID# _____ Group ID# _____

Membership # _____

Name of Policy holder/named insured: _____ Relationship to patient: _____

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

Part V - End Stage Renal Disease

1) Do you have group health plan (GHP) coverage?

___ Yes. Provide this information and proceed to question #2.

Name and address of GHP: _____

Policy ID# _____

Group ID# _____

Membership # _____

Name of Policy holder/named insured: _____

Relationship to patient: _____

Name and address of employer, if any, from which you receive GHP coverage:

___ No. **STOP. MEDICARE IS PRIMARY PAYER.**

2) Was your initial entitlement to Medicare (including simultaneous or dual entitlement) based on ESRD?

___ Yes. **STOP. GHP CONTINUES TO PAY PRIMARY DURING THE 30-MONTH COORDINATION PERIOD (a period of 30 months beginning during the 4th month of dialysis treatments is not covered by Medicare.) IF 30-MONTH COORDINATION PERIOD IS OVER, MEDICARE IS PRIMARY.**

___ No. **INITIAL ENTITLEMENT BASED ON AGE OR DISABILITY. GO TO SECTION IV.**

Patient/Guarantor

Date

Admission Staff/Case Manager

Date