

Patient Name: _____

DOB: _____

Today's Date: _____

MEDICARE SECONDARY PAYER WORKSHEET

Section A

- Are you receiving Black Lung (BL) Benefits?
 Yes: Date benefits began: _____ No. Go to 2.
 BL IS PRIMARY ONLY FOR CLAIMS RELATED TO BL.
- Are the services to be paid by a government program such as a research grant? Yes. Government program will be primary. No. Go to 3.
- Has the Department of Veterans Affairs (DVA) authorized to pay for care at this facility? Yes. DVA is primary. No. Go to 4.
- Was the illness/injury due to a work related accident or condition? Yes. Date of Injury/illness _____
complete payer info. Workers Comp. is primary payer only for claims related to the injury/illness that is work related. No. Go to Section B.

Section B

- Was the illness/injury due to a non-work related accident? Yes. Date of accident: _____ No. Go to Section C.
- What type of accident caused the illness/injury? Automobile Non-Automobile. **Complete payer info.** NO-FAULT INSURER IS PRIMARY PAYER ONLY FOR THOSE CLAIMS RELATED TO THE ACCIDENT. Go to Section C. Other
- Was another party responsible for this accident? Yes. **Complete payer info.** LIABILITY INSURER IS PRIMARY ONLY FOR THOSE CLAIMS RELATED TO THE ACCIDENT. No. Go to Section C.

Section C

- Are you entitled to Medicare based on: Age. Go to Section D Disability. Go to Section E. ESRD. Go to Section F.

Section D - Age

- Are you currently employed? Yes. **Complete Payer Info.** No. Date of Retirement: _____ No. Never employed
- Is your spouse currently employed? Yes. **Complete Payer info.** No. Date of Retirement: _____ No. Never employed. IF THE PATIENT ANSWERED "NO" TO BOTH QUESTIONS 1 AND 2, MEDICARE IS PRIMARY. DO NOT PROCEED ANY FURTHER.
- Do you have group health plan (GHP) coverage based on your own, or a spouse's, current employment? Yes. No. Stop. MEDICARE IS PRIMARY PAYER UNLESS THE PATIENT ANSWERED "YES" TO THE QUESTIONS IN SECTIONS A OR B.
- Does the employer that sponsors your GHP employ 20 or more employees? Yes. STOP. GHP is primary. **Complete payer info.** No. STOP. MEDICARE IS PRIMARY PAYER UNLESS THE PATIENT ANSWERED "YES TO QUESTIONS IN SECTIONS A OR B.

Section E - Disability

- Are you currently employed? Yes. **Complete Payer Info.** No. Date of Retirement: _____ No. Never employed
- Is your spouse currently employed? Yes. Complete Payer info. No. Date of Retirement: _____ No. Never employed. IF THE PATIENT ANSWERED "NO" TO BOTH QUESTIONS 1 AND 2, MEDICARE IS PRIMARY. DO NOT PROCEED ANY FURTHER.
- Do you have GHP Coverage based on your own, or a family member's current employment? Yes. No. STOP MEDICARE IS PRIMARY.

4) Are you covered under the GHP of a family member other than your spouse? Yes. **Complete payer info.** No.

5) Does the employer that sponsors the GHP employ 100 or more employees? Yes. STOP. GHP IS PRIMARY. **Complete payer info.** No. STOP. MEDICARE IS PRIMARY.

Section F - ESRD

- Do you have GHP coverage? Yes. **Complete payer info.** No. STOP. MEDICARE IS PRIMARY
- Have you received a kidney transplant? Yes. Date of Transplant: _____ No.
- Have you received maintenance dialysis treatments? Yes. Date Began _____ . If you participated in a self-dialysis training program, provide date training started: _____ . No.
- Are you within the 30-month coordination period that starts _____ ? (The coordination period-CP- starts the first day of the month an individual is eligible for Medicare, even if not yet enrolled. If the individual is participating in a self-dialysis training program or has a kidney transplant during the 3-month waiting period, the coordination period starts with the first day of the month of dialysis or kidney transplant) Yes. No. STOP. MEDICARE IS PRIMARY
- Are you entitled to Medicare on the basis of either ESRD and age or ESRD and disability? Yes. No. Yes. STOP. GHP IS PRIMARY THROUGH 30M CP. No. Initial entitlement based on age or disability.
- Does the working aged or disability MSP provision apply? (Is the GHP primarily based on age or disability entitlement) Yes. GHP IS PRIMARY THROUGH 30M CP. No. MEDICARE IS PRIMARY.

PRIMARY PAYER INFORMATION

EMPLOYER (Patient): _____

ADDRESS: _____

EMPLOYER (Spouse): _____

ADDRESS: _____

INSURER/GHP: _____

ADDRESS: _____

POLICY ID NUMBER: _____

GROUP ID NUMBER: _____

MEMBERSHIP NUMBER: _____

NAME OF POLICY HOLDER: _____

RELATIONSHIP TO PATIENT: _____