

Patient Name: _____

Date of Birth: _____

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 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.
- 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 Section C.

Section C

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

Section D - Age

- Are you currently employed?
 - Yes. **Complete Payer Info.**
 - No. Never employed.
 - No. Date of Retirement: _____
- Is your spouse currently employed?
 - Yes. **Complete Payer Info.**
 - No. Never employed.
 - No. Date of Retirement: _____
 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 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 unless the patient answered "Yes" to the questions in Sections A or B.

Section E - Disability

- Are you currently employed?
 - Yes. **Complete Payer Info.**
 - No. Never employed.
 - No. Date of Retirement: _____

Section E - Disability (cont.)

- Is your spouse currently employed?
 - Yes. **Complete Payer Info.**
 - No. Never employed.
 - No. Date of Retirement: _____
 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 family member's current employment?
 - Yes.
 - No. Stop, Medicare is primary.
- Are you covered under the GHP of a family member other than your spouse?
 - Yes. **Complete payer info.**
 - No.
- 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.
- Was your entitlement to Medicare (including simultaneous or dual entitlement) based on ESRD?
 - Yes. Stop, GHP is primary through 30M CP.
 - No. Initial entitlement based on age or disability.
- Does the working age 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: _____