MEDICARE SECONDARY PAYER QUESTIONS

Medicare requires us to ask these questions every time the patient receives care.

Patient’s Name: Date:

1. Is the patient receiving Black Lung benefits?
   No_____ Yes_____*

2. Are services to be paid by a government research program?
   No_____ Yes_____*

3. Has the Department of Veterans Affairs (DVA) authorized and agreed to pay for care?
   No_____ Yes____*

4. Was illness or injury due to work related accident and or condition?
   No_____ Yes_____*

5. Was illness or injury due to a non-work-related accident/condition?
   No_____ Yes_____*

6. Is the patient entitled to Medicare based on age?
   Yes_____ No_____*

7. Is the patient entitled to Medicare based on End Stage Renal Disease (ESRD)?
   No_____ Yes_____*

8. Is the patient currently employed?
   No_____ If applicable, date of retirement:__________________________ Yes_____*

9. Is the patient's spouse currently employed?
   No_____ If applicable, date of retirement:__________________________ Yes_____*

*Staff Note – See MSP handout for additional questions and or clarification