



**MEDICARE SECONDARY PAYER QUESTIONNAIRE**

**PATIENT NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

1.	Are you receiving Black Lung Benefits?	Yes	No
	Date Black Lung benefits began:		
2.	Are the services you are receiving today to be paid for by a government research program?	Yes	No
3.	Are the services you are receiving today to be paid for by the Department of Veteran’s Affairs?	Yes	No
4.	Was the illness/injury due to a work related accident/condition?	Yes	No
5.	Was the illness/injury due to a non-work related accident/condition?	Yes	No
	If yes, is there no fault or liability insurance available?	Yes	No
6.	Are you entitled to Medicare due to:	Age	___
		Disability	___
		ESRD	___
7.	Are you currently employed?	Yes	No
	If not, what date did you retire?		
8.	Do you have group health insurance due to your employment?	Yes	No
9.	Is your spouse employed?	Yes	No
	If not, what date did he or she retire?		
10.	Do you have group health insurance coverage due to your spouse’s employment?	Yes	No
	If you answered yes, you do have group health coverage due to your or your spouse’s employment please provide the following:		
	Insurance Company:		
	Address:		
	Insurance ID:	Group:	
	Copay: \$		

**NOTE:**

You may be entitled to Medicare based on age if you are over 65 years of age; and disability if you are under 65 years of age. In addition, if you are entitled to Medicare based on End-Stage Renal Disease (ESRD) you may **also** be entitled to Medicare based on **either** age or disability.

Person providing MSPQ information: \_\_\_\_\_