



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