

**Patient name:**

**Place label here**

**UROLOGY SPECIALISTS  
MEDICARE PATIENT INSURANCE QUESTIONNAIRE**

*Medicare regulations require we ask the following questions of all Medicare beneficiaries at the time of admission.*

**Part I**

1. Are you receiving Black Lung (BL) Benefits?

YES      **Date benefits began:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_       NO

**Black Lung is primary only for claims related to black lung.**

2. Are the services to be paid by a government program such as a research grant?

YES       NO      **Name of program** \_\_\_\_\_

3. Has the Department of Veterans Affairs (DVA) authorized and agreed to pay for care at this facility?

YES       NO

**If yes, DVA is primary.**

4. Was the illness/injury due to a work related accident/condition?

YES      **Date of injury/illness:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_       NO **Go to Part II**

If yes, name and address of Worker's Compensation Plan:

\_\_\_\_\_

Policy or identification number: \_\_\_\_\_

Name and address of your employer:

\_\_\_\_\_

**Workcomp is primary payer only for claims related to work related injuries or illness.**

**Part II**

5. Was illness/injury due to a non-work related accident?

YES      **Date of accident:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_       NO **Go to Part III**

6. What type of accident caused the illness/injury?

Automobile       Non-automobile       Other

Name and address of no-fault or liability insurer:

\_\_\_\_\_

**No-fault insurer is primary payer only for those claims related to the accident.**

7. Was another party responsible for this accident?

YES       NO

Name and address of any liability insurer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_