

Part III

8. Are you entitled to Medicare based on:
 Age
 Disability
 ESRD (End Stage Renal Disease)
9. Are you currently employed?
 YES NO *date of retirement* ___ / ___ / ___ No never employed
10. Is your spouse currently employed?
 YES NO *date of retirement* ___ / ___ / ___ No never employed
If the patient answered no to both questions 9 and 10, Medicare is primary. Do not proceed further.
11. Do you have a group health plan (GHP) coverage based on your own or a spouse's current employment?
 YES NO **Stop! Medicare is primary.**
12. Does the employer that sponsors your GHP employ 20 or more employees?
 YES **Stop! Group Health Plan is primary. Obtain the following information.**
 NO **Stop! Medicare is primary.**

Name and address of GHP:

Policy ID #: _____
Group #: _____
Name of policyholder: _____
Relationship to patient: _____

13. Have you received a kidney transplant?
 YES **Date of transplant:** ___ / ___ / ___ NO
14. Have you received maintenance dialysis treatments?
 YES **Date dialysis began:** ___ / ___ / ___ NO
15. Are you within the 30 month (2 1/2 years) coordination period?
 YES NO **Stop! Medicare is primary.**
16. Are you entitled to Medicare on the basis of either ESRD and age or ESRD and disability?
 YES NO **Stop! GHP is primary during the 30 month coordination period.**
17. Was your initial entitlement to Medicare (including simultaneous entitlement) based on ESRD?
 YES NO
18. Does the working age or disability MSP provision apply (i.e. is the GHP primarily based on age or disability entitlement)?
 YES **Stop! GHP continues to pay primary during 30 month coordination period.**
 NO **Medicare pays primary.**

I verify, to the best of my knowledge, the above statements are true.

Signature _____ Date _____
Patient/Representative