

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 agrees 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 no-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:

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.

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 30 months (2 ½ 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 is primary during the 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