



Medicare Payer Questionnaire

In order for our staff to determine whether medical services should be covered by Medicare or another insurance, federal law requires the following questions be asked. Thank you for your cooperation.

Name of Patient: _____ Date: _____

Part I	
Are you receiving Black Lung Benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are your services to be paid by a government program such as a research grant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you entitled to benefits through the Department of Veteran Affairs (DVA)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was your illness/injury due to a work related accident/condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II	
Was your illness/injury due to an accident that was not at work?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part III	
How are you entitled to Medicare?	<input type="checkbox"/> Age <input type="checkbox"/> Disability <input type="checkbox"/> End Stage Renal Disease
If you are entitled by age , are you working?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Never Worked <input type="checkbox"/> N/A
If retired, what is retirement date?	
If yes, are you actively employed by an employer of 20 or more employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your spouse working?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Never Worked <input type="checkbox"/> N/A
If retired, what is your spouse's retirement date?	
If yes, are you actively employed by an employer of 20 or more employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you are entitled by disability , are you employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Never Worked
If yes, are you actively employed by an employer of 100 or more employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No