

**UNC Hospitals' McLendon Clinical Laboratories
Medicare Secondary Payer Questionnaire (Page 1)**

Patient Name _____ MR# _____

Date: _____

Part I

1. Are you receiving Black Lung (BL) Benefits? **No** – Yes Date Benefits began: _____
2. Are the services to be paid by a government program such as a research grant? **No** – Yes
(*Government Program will pay for services*)
3. Has the Department of Veterans Affairs (DVA) authorized and agreed to pay for care at this facility? **No** – Yes (*DVA is primary for these services*)
4. Was the illness due to a work related accident/ condition? **No** – Yes

Name & address of WC plan: _____

Part II

1. Is the illness/ injury due to a non-work related accident? **No** – Yes Date of Accident _____
2. Did an automobile accident cause the illness/ injury? **No (GO TO Part III)** – Yes
3. Was another party responsible for this accident? **No** – Yes

Name & Address of liability Insurer: _____

& Claim Number: _____

Part III

1. Are you entitled to Medicare based on:

- _____ Age – Go to **Part IV**
- _____ Disability – Go to **Part V (Page 2)**
- _____ End Stage Renal Disease (ESRD) – Go to **Part VI (Page 2)**

Part IV

1. Are you currently employed? **No - Date Retired:** _____

Yes – Employer Name & Address: _____

2. Is your spouse currently employed? **No - Date Retired:** _____

Yes – Employer Name & Address: _____

If you have answered "No" to all questions thus far, Medicare is Primary Payer. Do Not Proceed Any Further

3. Do you have group health plan (GHP) coverage based on your own, or a spouse's, current employment? Yes – **No (Stop - Medicare is Primary Payer)**
4. Does the employer that sponsors your GHP employ 20 or more employees? **No** – Yes (**Stop - GHP is primary Payer**) Name & Address of GHP: _____

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Part V – Disability

1. Are you currently employed? **No - Date Retired:** _____

Yes – Employer Name & Address: _____

2. Is a family member currently employed? **No**

Yes – Employer Name & Address: _____

If you answered No to Part V 1 & 2, Medicare is Primary Payer

1. Do you have GHP coverage based on your own, or a family member's, current employment?

Yes – **No - (Medicare is Primary Payer)**

2. Does the employer that sponsors your GHP, employ 100 or more employees? **No (Stop – Medicare is Primary Payer)** – Yes (**Stop – GHP is Primary Payer**)

Part VI – ESRD

1. Do you have GHP coverage? Yes – **No (Stop, Medicare is Primary)**

2. Have you received a kidney transplant? **No** – Yes (*Date*)

3. Have you received maintenance dialysis treatments? **No** – Yes (*Date dialysis began*)

4. Are you within the 30-month coordination period? Yes – **No (Stop, Medicare is Primary)**

5. 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)**

6. Was your initial entitlement to Medicare (including simultaneous entitlement) based on ESRD? Yes (**Stop, GHP continues to pay primary during the 30 month coordination period**) **No (Initial entitlement based on age or disability)**

7. Does the working aged or disability MSP provision apply (i.e., is the GHP primary based on age or disability entitlement)? Yes (GHP continues to pay primary during the 30 month coordination period) **No (Medicare continues to pay primary)**

Who answered the Medicare Secondary Questions? S – Patient answered for self

R – Representative for patient

If the patient did not answer the questions, what is the relationship of the person who did answer the questions to the patient? _____