

**McLaren Medical Group**  
**Medicare Secondary Payer Questionnaire**

Patient Name \_\_\_\_\_ Date of Birth; \_\_\_\_\_

Date of Service From \_\_\_\_\_ To \_\_\_\_\_

Info Provided by \_\_\_\_\_ Rel to Pat; \_\_\_\_\_

Completed by: \_\_\_\_\_ Completion date; \_\_\_\_\_

1. Is the patient covered by the Federal Black Lung Program? Y      N

2. Is the patient entitled to benefits thru the Department of Veteran Affairs, due to having a service related to an injury? Y      N

If yes, has the Department of Veterans Affairs agreed to pay for the care at this facility? Y      N

3. Should the illness/injury be covered by; Y      N

3A. Worker's Compensation claim? Y      N

3B. Auto Accident? Y      N

3C. Was the illness or injury due to a non-work related accident? Y      N

4. Is the patient entitled to Medicare based on:

4A. Age Y      N

4B. Disability Y      N  
 Date of Disability; \_\_\_\_\_

4C. End Stage Renal Disease Y      N

5. Are services to be paid by a government program, such as a research grant? Y      N

6. Is the patient currently employed? Y      N

6A. Is the patient's spouse currently employed? Y      N

If patient or patients spouse is currently employed, is there group health plan coverage supplied by the employer? Y      N

\*If the answer to any of the above questions, other than question 4A is yes, Medicare will be the "Secondary Insurance carrier" and other insurance would be primary. Please give the other insurance information to the receptionist.