

McLaren Print System Order

Order No: 6081
Order Date: 2014-09-26
User: Angela DeLaRosa
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Ship Location: McLaren Bay Region Family Medicine/Attn Angela DeLaRosa
3720 Katalin Ct
Bay City, MI 48706

Forms

Quantity: 100
Paragon Dept No: 60841
Dept Name: McLaren Medical Group
Company Number: 810

Order Total Price: 0.00

Form Number: MM-34608
Form Description: Medicare Secondary Payer Questionnaire
Revision Date: 12/2012
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill: None

McLaren Medical Group
Medicare Secondary Payer Questionnaire

Patient Name _____ Date of Birth: _____

Date of Service From _____ To _____

Info Provided by _____ Ref 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 Veterans 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:

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 patient's 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 6A is yes, Medicare will be the "Secondary Insurance carrier" and other insurance would be primary. Please give the other insurance information to the receptionist.

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