



MEDICARE SECONDARY PAYER WORKSHEET

PATIENT NAME: _____ PATIENT ID: _____

PART 1: INFORMATION ABOUT BLACK LUNG, WORKERS' COMPENSATION (WC), NO-FAULT AND LIABILITY

If "No" to all questions, go to Part 2.

Is the patient receiving benefits under the Black Lung Benefits Act (BL)? No Yes Date BL benefits began: _____

Note: Black Lung Benefits is the primary payer.

Was the illness or injury due to a work-related accident/illness? No Yes If yes, the following information is required:

Name and address of employer: _____

Name and address of insurance carrier: _____

Policy or Claim Number: _____ Date of workplace illness or injury: _____

Note: Workers' Compensation is the primary payer only for services related to work-related injuries or illnesses.

Is the patient receiving treatment for an injury or illness covered under a no-fault and/or medical-payment coverage, including premises or automobile? No Yes If yes, the following information is required:

Name and address of insurance carrier: _____

Policy or Claim Number: _____ Date of illness or injury: _____

Note: No-fault insurance is the primary payer only for services related to the accident.

Is the patient receiving treatment for an injury or illness which another party may be liable? No Yes

If yes, the following information is required:

Name and address of insurance carrier: _____

Policy or Claim Number: _____ Date of illness or injury: _____

Note: Liability insurance is the primary payer only for services related to the liability settlement, judgment or award.

PART 2: INFORMATION ABOUT MEDICARE ENTITLEMENT AND GROUP HEALTH PLANS

Is the patient entitled to Medicare based on age, disability or End Stage Renal Disease (ESRD)?

Age: Yes No Disability: Yes No ESRD: Yes No

Note: If entitlement to Medicare is based solely on ESRD, skip Part 2 and complete Part 3.

Does the patient have group health plan (GHP) coverage based on his/her own current employment or the current employment of either a spouse or other family member? Yes No If no, stop here as Medicare is primary.

If yes, the GHP provided by the employer may be primary to Medicare. How many employees, including the patient, spouse or other family member work for the employer providing the GHP coverage? 1-19 20-99 100 or more

Note: If the patient is aged and there are more than 20 employees, the patient's GHP is primary.

Note: If the patient is disabled and the patient's spouse or other family member's employer has 100 or more employees, the GHP is primary.

If GHP may be the primary payer, the following information is required:

Name and address of employer providing the patient's GHP: _____

Name and address of GHP: _____

Policy Number (sometimes referred to as the health insurance benefit package number): _____

Group Number: _____ Date of illness or injury: GHP coverage began: _____

Name of policy holder (if GHP coverage is through the patient's spouse or other family member): _____

Relationship to patient (if other than self): _____

PART 3: PATIENT INFORMATION IF ESRD MEDICARE ENTITLEMENT APPLIES (Including Dual Entitlement: Age and ESRD or Disability and ESRD)

Does the patient have employer group health plan (GHP) coverage through self, spouse or other family member if dually entitled based on Disability and ESRD? due to Medicare based on age, disability or End Stage Renal Disease (ESRD)? No Yes If yes, the employer GHP may be primary to Medicare. Continue below:

Has the patient received a kidney transplant? No Yes If yes, date of transplant: _____

Has the patient received maintenance dialysis treatments? No Yes If yes, date of dialysis began: _____

Is the patient within the 30-month coordination period? No Yes Note: The 30-month coordination period starts the first day of the month an individual is eligible for Medicare (even if not yet enrolled in Medicare) because of kidney failure (usually the fourth month of dialysis) regardless of entitlement due to age or disability. If the individual is participating in a self-dialysis training program or has a kidney transplant during the 3-month waiting period, the 30-month coordination period starts with the first day of the month of dialysis or kidney transplant.

Was the patient receiving GHP coverage prior to and on the date of Medicare entitlement due to ESRD (or simultaneous entitlement due to ESRD and Age or ESRD and Disability)? No Yes If yes, the GHP is primary during the 30-month coordination period. The following information is required:

Name and address of employer providing the patient's GHP: _____

Name and address of GHP: _____

Policy Number (sometimes referred to as the health insurance benefit package number): _____

Group Number: _____ GHP coverage began: _____

Name of policy holder (if GHP coverage is through the patient's spouse or other family member): _____

Relationship to patient (if other than self): _____

SIGNATURE/TITLE: _____ DATE/TIME: _____