MEDICARE SECONDARY PAYOR QUESTIONNAIRE

(to be completed for all MEDICARE patients)

Name: _____

	YES	NO
1. Are you a veteran?	____	____
If "yes", please answer "a" and "b" below		
a. did the VA refer you here for treatment?	____	____
b. do you have a VA "fee basis" ID card?	____	____
2. Do you have a federal black lung card?	____	____
3. Is this medical condition the result of an accident of any kind? If "yes" please circle appropriate choice	____	____

Was it: work related auto own home other

	YES	NO
4. Are you covered by an employer's health insurance plan through your own employment or that of a family member?	____	____

List each date of service and verify information is current with your initials:

_____	____	_____	____
_____	____	_____	____
_____	____	_____	____
_____	____	_____	____
_____	____	_____	____
_____	____	_____	____
_____	____	_____	____
_____	____	_____	____
_____	____	_____	____
_____	____	_____	____
_____	____	_____	____
_____	____	_____	____
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_____	____	_____	____