

Medicare Secondary Payer Screening Form

Must be completed for MEDICARE Recipients

Patient's Name	Marital Status: <input type="checkbox"/> Single, <input type="checkbox"/> Married, <input type="checkbox"/> Divorced <input type="checkbox"/> Widower <input type="checkbox"/> Separated	HIC#:
Date of Admission:	Hospital Account #:	MRN:

1 Are you currently employed?

<p>Patient:</p> <p><input type="checkbox"/> NO, Never Employed</p> <p><input type="checkbox"/> NO, Retired –Retirement date: _____</p> <p><input type="checkbox"/> NO, Disabled – Disabled date: _____</p> <p style="padding-left: 20px;">or Part A Date: _____,</p> <p style="padding-left: 20px;">if only Part B, use Part B Date: _____.</p> <p><input type="checkbox"/> YES, Complete the following.</p> <p>Name, address & telephone # of your Employer:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Telephone #: _____</p>	<p>1A - Spouse/DP-Domestic Partner:</p> <p><input type="checkbox"/> NO, Never Employed</p> <p><input type="checkbox"/> NO, Retired - Retirement date: _____</p> <p style="padding-left: 20px;">*Do not use the patients Medicare effective date.</p> <p><input type="checkbox"/> YES, Completed the following:</p> <p>Name, address & telephone # of your Employer:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Telephone #: _____</p> <p><input type="checkbox"/> UNKNOWN, Only acceptable, if patient, Domestic Partner, other family member is unable to provide Information.</p>
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2 Is the patient covered under a Group Health Plan (either their own or that of another family member)?

<p><input type="checkbox"/> NO, Medicare is primary payer</p>	<p>2A - <input type="checkbox"/> YES, Complete the following:</p> <p>Insured's Name: _____</p> <p>Date of Birth: _____</p> <p>Social Security #: _____</p> <p>Policy & Group#: _____</p> <p>Name, address and telephone# of Insurance:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Telephone #: _____</p>
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3 Is the illness for which the patient is receiving treatment covered under the Black Lung Program or are the services provided or authorized by the Department of Veterans Affairs (DVA)?

<p><input type="checkbox"/> NO, Medicare is primary payer</p>	<p><input type="checkbox"/> YES, Black Lung Effective Date: _____</p> <p style="padding-left: 20px;">Bill Black Lung only if DX is Black Lung related.</p>
<p><input type="checkbox"/> Bill DVA, if services were authorized and DVA agreed to pay.</p>	

4 Is condition for which the patient is receiving treatment due to an automobile accident, accidental injury, or third party liability?

Automobile/Medical or Any Liability Screening Form

NO, Medicare is primary payer

YES, Please complete the following automobile/medical or any liability screening form below:

Explain accident: _____

Date of Injury: _____

Please check type of accident:

- Automobile (Complete A)
- Third Party Liability (Complete B)
- Premise Medical Coverage (Complete A)
- Work Related (Complete C)
- Other: Nature

NO, Medicare is primary payer.

No Third Party Liability or Premise Medical Coverage.

Explain:

A - Automobile Medical/Premise Medical - (If Third Party Liability also exists, Complete A and B)

Automobile medical insurance/Premise Medical insurance is the primary payer. Bill Auto-Medical or No-Fault insurance first:

Insured's Name: _____ Policy #: _____

Insurance Company: _____ Adjustor's Name: _____

Insurance Company Address: _____

Description of Accident: _____

B - Third Party Liability (other than Auto/medical, Premise medical or Work-Related).

Bill Third Party payer or Medicare conditionally after 120 days.

Description of Accident: _____

Location (if accident occurred at location other than patient's residence, please provide information even if liability is in question) _____

Name of responsible party: _____ Policy #: _____

Address of responsible party: _____ Insurance Claim#: _____

Attorney Name & Address: _____ Phone #: _____

C - Work Related – Worker's Compensation is the primary payer. Bill Them

Injury or Illness _____

Carrier's Name & Address _____

Employer _____ Case/File #: _____

5 What is your Reason for Medicare Entitlement:

- Age (65 years old or older) Proceed to Question D
- Disability (under age 65, non ESRD) Proceed to Question E
- Solely ESRD – Proceed to Question F/G
- ESRD Age or Disabled – Proceed to Question F/H

D (AGED) Patient non-ESRD and 65 years of age or older (Working Elderly)

Is the GHP in Section 1 based on patients or spouses current employment?

NO, Medicare is primary payer

YES – Bill GHP listed above as primary. Medicare is tertiary if the patient and spouse are both employed and covered by a GHP.

The GHP is not primary for:

1. Employees of employers with fewer than 20 employees (full time, part time, or leased) unless the plan is part of a multi-employer plan
2. Self-employed individuals with few than 20 employees.
3. Individuals entitled to premium Part A or Part B only.

E (DISABLED) Patient under 65 years of age and entitled to Medicare due to a Disability other than ESRD.

Is the GHP in Question #2, based on patients or spouses current employment?

NO, Medicare is primary payer

YES – Bill the GHP listed above as primary. Medicare is tertiary if the patient and spouse are both employed and covered by a GHP

The GHP is not primary for

1. Employees of employers with fewer than 100 employees (full time, part time, or leased) unless the plan is part of a multi-employer plan that pays primary benefits for all individuals.
2. Self-employed individuals with few than 100 employees.
3. Individuals entitled to premium Part A or Part B only.

F (ESRD) Dialysis:

Did patient begin dialysis less than 33 months ago?

NO – Medicare is Primary Payer

YES – Proceed to Coordination Periods

Date of 1st treatment: _____

Date of kidney transplant/home dialysis:

3 month waiting period does not apply)

Date: _____

Coordination Periods:

Did the coordination period begin 3/96 or after?

NO, Medicare is Primary Payer

YES – Medicare is secondary for 30 months

Did the coordination period begin 2/96 or before?

NO - Medicare is Primary Payer

YES – Medicare is secondary for 18 months

G (ESRD) Patient (under age 65) entitled to Medicare solely on the basis of End Stage Renal Disease.

Is the GHP coverage through a current or former employer of the patient or family member?

YES – Bill the GHP listed above as primary, regardless of the number of employees.

If the patient is covered by a GHP that is legitimately primary, Medicare is the secondary payer (regardless of the number of employees) See coordination period

H (ESRD) Patient (of any age) entitled to Medicare due to Age or Disability and ESRD. (Dual Entitlement)

Is the patient covered under a GHP that is legitimately primary, (i.e. the GHP is primary based on age employer employs 20 or more employees or disability, employer employs 100 or more employees)?

NO – Medicare is primary payer

YES – Medicare is the secondary payer.

Name and Relationship of Patient or Patient's Representative completing form:

Date:

Name: _____ **Relationship:** _____

Hospital Representative:

Date:

Name: _____ **Ext:** _____