

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

MR#: \_\_\_\_\_

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## MEDICARE STATUS QUESTIONNAIRE

Is Medicare primary or secondary for today's visit?

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### EMPLOYMENT

1. Are you currently employed and covered by a group health plan?  YES  NO

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2. Are you covered by any active group health plan through your spouse or family member?  YES  NO

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### ACCIDENTS

3. Is your visit today associated with a work injury or illness, either past or present?  YES  NO

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4. Is your visit today associated with an automobile vehicle accident?  YES  NO

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5. Is your visit today associated with an accident, other than a vehicle?  YES  NO

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### ENTITLEMENTS

6. Are you entitled to Black Lung benefits?  YES  NO

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7. Are you entitled to Medicare solely because of SSA Disability?  YES  NO

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8. Are you entitled to Medicare solely because of End Stage Renal Disease?  YES  NO

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9. Are you enrolled in the VA Fee Basis Program?  YES  NO

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Who answered these questions?  Patient  Spouse  Guardian  Other \_\_\_\_\_  
(specify)

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ CARTI Init: \_\_\_\_\_

If all answers are **NO**, stop here.

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If you answered "YES" to any of these first nine questions, Medicare is probably the secondary payor (MSP) and additional information is required. Please complete the Medicare Secondary Payor Form on page 2.

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## MEDICARE SECONDARY PAYOR FORM (MSP)

### EMPLOYMENT (If "Yes" to questions 1, 2, 3 on Medicare Status Questionnaire)

Insured's Name (Employee) \_\_\_\_\_

Insured's Date of Birth \_\_\_ / \_\_\_ / \_\_\_  Male  Female

Employer's Number of Employees  1-10  11-19  20 or more

### ACCIDENTS (If "Yes" to questions 4, 5 on Medicare Status Questionnaire)

Work Injury or Illness (Industrial/Workers Compensation)

Auto Accident: Is there "Medical Payment" coverage?  Yes  No

Home or other: Is there "Medical Payment" coverage?  Yes  No

Date of Accident \_\_\_\_\_

Location: of accident \_\_\_\_\_

How did it happen \_\_\_\_\_

Attorney (if any) \_\_\_\_\_

### ENTITLEMENTS (If "Yes" to questions 6, 7, 8, 9 on Medicare Status Questionnaire)

SSA-Disability (Under age 65 and my company has over 100 employees (Large Group Health Plan))

If you are covered by a LGHP because of your current employment or the current employment of a family member, Medicare is the secondary payer. **Does this apply to you?**  Yes, complete the insurance information below.  No, Medicare is Primary.

VA- Fees Basis Program Have your visits to CARTI and the doctor been VA APPROVED?  Yes  No

Black Lung Benefits

Kidney (Under age 65 with End Stage Renal Disease (ESRD))

Part A entitlement date (from the card) \_\_\_\_\_

Employer name (If employed within last 18 months) \_\_\_\_\_

If you answered "YES" to any of the questions on page 1, we must have the following information.

## PRIMARY INSURANCE PAYER

Fill out this information for any of the categories listed above:

Policy # \_\_\_\_\_ ID# \_\_\_\_\_

Insurance Plan or Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Insured Name \_\_\_\_\_ Phone \_\_\_\_\_

Insured's Date of Birth: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Who answered these questions?  Patient  Spouse  Guardian  Other \_\_\_\_\_  
(specify)

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ CARTI Init: \_\_\_\_\_