



MR# _____

SCAN TO G4

Medicare Secondary Payor Form (MSP)

Patient Name _____ Date of Birth _____

If Medicare is secondary please complete this form.

To Determine Payor Status for Medicare:

EMPLOYMENT

- 1. Are you currently employed and covered by a group health plan? Yes No
- 2. Are you covered by an active group health plan through your spouse or family member? Yes No

ACCIDENTS

- 3. Is your visit today associated with a work injury or illness, either past or present? Yes No
- 4. Is your visit today associated with an automobile accident? Yes No
- 5. Is your visit today associated with an accident, other than a vehicle? Yes No

ENTITLEMENTS

- 6. Are you entitled to Black Lung benefits? Yes No
- 7. Are you entitled to Medicare solely because of SSA Disability? Yes No
- 8. Are you entitled to Medicare solely because of End Stage Renal Disease? Yes No
- 9. Are you enrolled in the VA Fee Basis Program? Yes No

Who answered these questions? Patient Spouse Guardian Other _____
(Specify)

Signature

Date