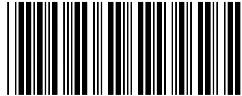

MEDICARE QUESTIONNAIRE

For Medicare Patients Only (Mandatory)

Patient Name: ______________________________ MR#: ____________________ Initial Visit: ___________________

Please answer the following questions.

Question	Answer
1. Are you receiving Black Lung benefits?	☐ Yes: Date benefits began ____/____/____ ☐ No
2. Are the services to be paid by a government program or a research grant?	☐ Yes ☐ No
3. Did you choose the Department of Veterans Affairs option for your Medicare coverage?	☐ Yes ☐ No
4. Has the Department of Veterans Affairs agreed to pay for this visit?	☐ Yes ☐ No
5. Was the illness/injury due to a work-related accident/condition?	☐ Yes: Date of injury/illness ____/____/____ ☐ No
6. Was illness/injury due to a nonwork-related accident?	☐ Yes: Date of accident ____/____/____ ☐ No
a. Was it an auto accident?	☐ Yes ☐ No
7. Are you entitled to Medicare based on:	☐ Age: Date of retirement ____/____/____
	☐ Disability ☐ End stage renal disease
8. Is your spouse currently employed?	☐ Yes: Date of spouse's retirement ____/____/____ ☐ No ☐ Never Employed
9. Do you have Group Health Plan (GHP) coverage based on your own or a spouse's current employment?	☐ Yes ☐ No: If no, **go to question10.**
a. If yes, does the employer that sponsors your GHP employ 20 or more employees?	☐ Yes ☐ No
b. If yes, Does the employer that sponsors your GHP employ 100 or more employees?	☐ Yes ☐ No
10. Have you been diagnosed with end stage renal disease (ESRD)?	☐ Yes ☐ No: If no, **stop.**
a. If yes, have you received a kidney transplant?	☐ Yes: Date of transplant ____/____/____ ☐ No
b. Have you received maintenance dialysis treatments?	☐ Yes: Date dialysis began ____/____/____ ☐ No
c. Are you within the 30-month coordination period that starts ____/____/____?	☐ Yes ☐ No: If no, Medicare is primary.
d. Are you entitled to Medicare on the basis of either: ☐ ESRD and age or, ☐ ESRD and disability?	☐ Yes ☐ No: If no, **stop**. (GHP is primary during 30-month coordination period)
e. If yes, was your initial entitlement to Medicare (including simultaneous or duel entitlement) based on ESRD?	☐ Yes: If yes, **stop**. (GHP continues to pay primary during the 30-month coordination period.)
	☐ No: If no, initial entitlement based on age or disability.
f. If no, does the working age or disability MSP provision apply (is the GHP primary based on age or disability entitlement)?	☐ Yes: If yes, **stop**. (GHP continues to pay primary during the 30-month coordination period.)
	☐ If No, Medicare continues to pay primary.