# Medicare Payer Questionnaire

In order for our staff to determine whether medical services should be covered by Medicare or another insurance, federal law requires the following questions be asked. Thank you for your cooperation.

<table>
<thead>
<tr>
<th>Name of Patient:</th>
<th>Date:</th>
</tr>
</thead>
</table>

## Part I

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you receiving Black Lung Benefits?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Are your services to be paid by a government program such as a research grant?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Are you entitled to benefits through the Department of Veteran Affairs (DVA)?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Was your illness/injury due to a work related accident/condition?</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

## Part II

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was your illness/injury due to an accident that was not at work?</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

## Part III

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Never Worked</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>How are you entitled to Medicare?</td>
<td>☐ Age</td>
<td>☐ Disability</td>
<td>☐ End Stage Renal Disease</td>
<td></td>
</tr>
<tr>
<td>If you are entitled by <strong>age</strong>, are you working?</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td>☐ Never Worked</td>
<td>☐ N/A</td>
</tr>
<tr>
<td>If retired, what is retirement date?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, are you actively employed by an employer of 20 or more employees?</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is your spouse working?</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td>☐ Never Worked</td>
<td>☐ N/A</td>
</tr>
<tr>
<td>If retired, what is your spouse’s retirement date?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, are you actively employed by an employer of 20 or more employees?</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If you are entitled by <strong>disability</strong>, are you employed?</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td>☐ Never Worked</td>
<td></td>
</tr>
<tr>
<td>If yes, are you actively employed by an employer of 100 or more employees?</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>