Medicare Secondary Payer Screening Form

Must be completed for MEDICARE Recipients

Patient's Name	Marital Status: ☐ Single, ☐ Married, ☐ Divorced ☐ Widower ☐ Separated	HIC#:
Date of Admission:	**Hospital Account #:**	**MRN:**

1 **Are you currently employed?**

Patient:

☐ **NO**, Never Employed

☐ **NO**, Retired –Retirement date: _____,

☐ **NO**, Disabled – Disabled date: _____,

or Part A Date: _____,
if only Part B, use Part B Date: _____.

☐ **YES**, Complete the following.
Name, address & telephone # of your Employer:
_____
_____
_____
Telephone #: _____

1A - Spouse/DP-Domestic Partner:

☐ **NO**, Never Employed

☐ **NO**, Retired - Retirement date:
_____

***Do not use the patients Medicare effective date.**

☐ **YES**, Completed the following:
Name, address & telephone # of your Employer:
_____
_____
_____
Telephone #: _____

☐ **UNKNOWN**, Only acceptable, if patient, Domestic Partner, other family member is unable to provide
Information.

2 **Is the patient covered under a Group Health Plan (either their own or that of another family member?**

☐ **NO**, **Medicare is primary payer**

2A - ☐ **YES**, Compete the following:
Insured's Name: _____
Date of Birth: _____
Social Security #: _____
Policy & Group#: _____
Name, address and telephone# of Insurance:
_____
_____
_____
Telephone #: _____

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)?**

☐ **NO, Medicare is primary payer**

☐ **YES**, Black Lung Effective Date: _____
Bill Black Lung only if DX is Black Lung related.

☐ Bill DVA, if services were authorized and DVA agreed to pay.

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: _____	☐ **NO, Medicare is primary payer**.
Please check type of accident:	No Third Party Liability or Premise Medical Coverage.
☐ Automobile (Complete A)	
☐ Third Party Liability (Complete B)	Explain:
☐ Premise Medical Coverage (Complete A)	_____
☐ Work Related (Complete C)	_____
☐ Other: Nature	_____

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: _____	**_____**