

West Texas Rehabilitation Center Medicare Secondary Payer Questionnaire

Questionnaire completed by: _____ Chart #: _____

Patient's Name: _____

HIC Number: _____

Age: _____

Sex: M F

Basis for patient's entitlement to Medicare: Age Disability ESRD (End Stage Renal Disease)

Is treatment for Automobile, Liability or Workers' Compensation injury? Y N

MEDICARE IS SECONDARY TO THESE INJURIES Auto, No Fault or Liability Insurance Information

Type of Non-work-related Accident: Auto Other

Date of Accident: _____

Policy Holder Name & Address: _____

Policy Nbr or Claim ID Nbr: _____

Insurance Company Name & Address: _____

Patient's Legal Representative Name & Phone Number: _____

Worker's Compensation Insurance Information

Date of Accident: _____ Is the patient working? Y N

Employer Name & Address: _____

Insurance Company Name & Address: _____

Policy Nbr or Claim ID Nbr: _____

Worker's Comp Agency Name & Address where claim filed: _____

Worker's Comp Claim ID Nbr: _____

Patient's Legal Representative Name & Phone Number: _____

Has this case been settled? Y N Date of settlement: _____

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Group Health Plan Information	
Is patient or spouse currently employed?	Patient retirement date: _____
Y N	Spouse retirement date: _____
Yes - continue	
IF EMPLOYER HAS MORE THAN 20 EMPLOYEES THEN MEDICARE IS SECONDARY IF PATIENT HAS MEDICARE DUE TO A DISABILITY & THE EMPLOYER HAS MORE THAN 100 EMPLOYEES THAN MEDICARE IS SECONDARY	
Insurance Company Name & Address	_____
Policy or Social Security Nbr	_____ Group Nbr: _____
Employer Name & Address	_____

Individual Insurance Policy	
MEDICARE IS PRIMARY IF PATIENT IS ONLY COVERED BY AN INDIVIDUAL INSURANCE POLICY	
Insurance Company Name & Address	_____
Policy or Social Security Nbr	_____

END STAGE RENAL DISEASE (ESRD)	
Has patient had a kidney transplant?	Y N
Has patient received maintenance dialysis treatment?	Y N
Date patient became eligible for Medicare based on ESRD: _____	
If patient is within the 30-month coordination period, Medicare is secondary to a group insurance plan.	

VETERANS ADMINISTRATION (VA) AUTHORIZATION INFORMATION	
Has the VA issued a special authorization for these services?	Y N
Who does the patient want to bill? <input type="checkbox"/> VA <input type="checkbox"/> Medicare	
BILL THE VA ONLY IF THEY AUTHORIZED THE SERVICES & THE PATIENT HAS A VA SERVICE CARD	

OTHER	
Is patient covered under the care of a Home Health Agency, Hospice, Skilled Nursing Facility or Inpatient Treatment Facility?	N MEDICARE IS PRIMARY Y MEDICARE CAN NOT BE BILLED. Contact agency for reimbursement information.