Hunterdon Health

**Occupational / Physical Therapy**

PATIENT LABEL

## MEDICARE SECONDARY PAYER QUESTIONNAIRE

**PATIENT NAME: _____HIC#: _____DATE:_____**

| | Question | Choose Your Answer | Information | Additional Info Necessary |
|---|---|---|---|---|
| **1.** | **Are you receiving Black Lung (BL) Benefits?** | **□ Yes →<br>□No** | **If YES, BL is PRIMARY Insurance for claims related to Black Lung. →** | **Date BL Benefits Began:** |
| **2.** | **Are the services to be paid by a Government Program such as a Research Grant?** | **□ Yes →<br>□No** | **If YES, Government will pay PRIMARY benefits for these services. →** | **Please provide additional information to office staff.** |
| **3.** | **Has the Department of Veterans Affairs (DVA) authorized & agreed to pay for your care?** | **□ Yes →<br>□No** | **If YES, Department of Veterans Affairs (DVA) is PRIMARY Insurance for these services. →** | **Please provide additional information to office staff.** |
| **4.** | **Was the illness/injury due to a Work-Related accident or condition?** | **□ Yes →<br>□No** | **If YES, Worker's Comp is PRIMARY Insurance for these services. →** | **Claim #:<br><br>Date Of Injury:<br><br>Worker's Comp Contact Info:** |
| **5.** | **Was the illness/injury due to a NON-Work-Related accident or condition?** | **□ Yes →<br>□No** | **If YES, was another party responsible?<br>□ Yes →<br>□No** | **Type of Accident:<br><br>Date of Accident:** |
| **6.** | **Are you entitled to Medicare based on AGE?** | **□ Yes<br>□No →** | **Please choose the option that entitles you to Medicare. →** | **□ Disability<br>□ ESRD<br>(End Stage Renal Disease)<br>□ Unknown** |
| **7.** | **Are you currently employed?** | **□ Yes<br>□No →** | **Date of Retirement:** | |
| **8.** | **Is your spouse currently employed?** | **□ Yes →<br><br>□No →** | **Spouse's Date of Retirement:<br><br>Are you enrolled in Health Coverage through your spouse's CURRENT employer?<br>□ Yes →<br>□No** | **Please provide additional insurance coverage information and card to office staff.** |