



Medicare as a Secondary Payer Questionnaire

As a Medicare provider, Rolling Hills Clinic is required to obtain and complete Medicare Payer information from every Medicare beneficiary (patient) at least every 90 days. The receptionist will ask you for this information at the time of your visit but you can complete this questionnaire in advance to expedite the process.

1. Patient Information

Today's Date: _____

Last Name First Name Date of Birth Medicare #

2. Medicare Questionnaire

Please answer each question to the best of your knowledge. Frequently asked questions and their answers are located on the next page for your reference.

Accident & Insurance Details

Yes No
 Is today's visit due to a work-related accident/condition?*

Work-related accident
 Auto accident
 Other accident (i.e. in store or restaurant)
 Date of Incident: _____

*If you answered YES to the question above, please include your No Fault/Liability Insurance information below.

Insurance Co. Name Address City, State, ZIP

Phone # Policy ID # Group ID #

Insured's Name Employer Name

Benefits

Yes No
 Are you receiving benefits from any of the following programs?
 Black Lung Research Grant Veteran Affairs

Eligibility

Are you eligible for Medicare as a result of any of the following:
 Age _____ Disability End-Stage Renal (Kidney) Disease

Your Employment/ GHP Info

Are you currently employed?
 Do you have Group Health Plan (GHP) coverage?
 If yes, how many employees are there: Under 20 Over 20 Over 100
 Group Health Plan name: _____
 Are you retired? If so, what was your retirement date: _____

Your Family Member's Employment/GHP Info

Is your spouse or other family member currently employed?
 Does your family member have Group Health Plan (GHP) coverage?
 If yes, how many employees are there: Under 20 Over 20 Over 100
 Group Health Plan name: _____
 Is your spouse or family member retired? If so, indicate retirement date: _____

3. Acknowledgement

Printed Name Signature Date of Appointment at Rolling Hills

Frequently Asked Questions

Medicare is not always the first to pay for your healthcare bills. Sometimes other insurers or government agencies are required to pay first. Rolling Hills Clinic needs to know if you are covered by another insurance. At the time of your visit, we are required to ask you some questions to determine if Medicare should pay your bills first. To help you better understand the “Why” behind the questions to determine if Medicare should pay your bills first.

Q: What is Black Lung and why does my healthcare provider ask if I have it?

A: Black lung is a disease of the lungs that is most commonly seen in people that worked in a coal mine. If you worked in a coal mine and are disabled due to Black Lung then the Federal Black Lung Program is the first to pay. For all other healthcare not related to Black Lung, Medicare is the first to pay.

Q: Why does my healthcare provider need to know if a government program, such as a research grant, covers the services I am receiving?

A: There are some diseases or illnesses that the government has provided grants to some teaching hospitals to study. In these cases all services related to the study would be paid through the research grant, rather than by Medicare.

Q: Why does my healthcare provider ask if I am a veteran?

A: If you have Medicare, and receive veteran benefits, you can choose to get treatment under either program. Medicare cannot pay for services received at the Department of Veteran Affairs (VA) hospitals. Also, Medicare generally cannot pay if the VA pays for VA-authorized services that you get in a non-VA hospital or from a non-VA physician.

Q: Why does my healthcare provider need to know if my illness or injury is work related?

A: If you receive treatment for a work-related illness or injury, the workers’ compensation insurer should pay first.

Q: Why does my medical provider ask if an Auto Medical, No-Fault, or Other Liability insurer can pay for my injury or illness?

A: If you have an accident or illness that another party is responsible for, such as an auto accident, food poisoning, or medical malpractice, Medicare is not the first to pay. You should give your medical provider as much information as you can about the accident or illness. You will need to give them the date the accident or illness occurred, the name and address of the insurance company, the claim or policy number, and the name of the person insured. If you have an attorney, you should also give his or her name and address.

Q: What is End-Stage Renal Disease (ESRD) and who pays first if I have group health coverage?

A: End Stage Renal Disease is permanent kidney failure. If you are eligible to enroll in Medicare because of ESRD and have group health coverage, Medicare is not the first to pay for thirty (30) months after you are entitled to Medicare. This is true for all treatment that you receive during this period. After the thirty (30) months has ended, Medicare will be the first to pay.

Q: Why does my healthcare provider ask if I have group health coverage if I am over 65?

A: If you are over the age of 65 and entitled to Medicare because you are disabled, Medicare may not be your first payer. If you have group health coverage based on your current employment or the current employment of a family member and the employer has 100 or more employees, the group health plan is the first to pay.

Additional Questions?

If you have additional questions we recommend that you contact Medicare at 1-800-MEDICARE or visit medicare.gov.