

MEDICARE SECONDARY PAYOR (MSP) QUESTIONNAIRE

Patient Name: _____ Date of Birth: _____

Please read and respond to each of the following questions:

Part I

1. Are you receiving Black Lung Benefits? Yes No
 2. Are the services to be paid by a government research program? Yes No
 3. Are you entitled to benefits through the Department of Veterans Affairs (DVA)? Yes No
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Part II

4. Is your illness/injury due to any of the following: Yes No
 Work Related Automobile Accident Accident on Property (other than own)
5. If Medicare coverage is due to age or disability, do you have group insurance coverage through your or another family member's current employer? Yes No
6. Are you entitled to Medicare due to End Stage Renal Disease and age or ESRD and disability?
 Yes No
7. Do you have any benefits through TriCare (formerly Champus)? Yes No

If you answered yes to questions 4, 5 or 6 there is a second form to be filled out.

Patient Signature: _____

Date: _____