

Patient Name _____ Date of Birth _____

MEDICARE SECONDARY PROVIDER QUESTIONNAIRE

Medicare: I request that payment of authorized Medicare benefits be made either to me or on my behalf to Main Line HealthCare and/or to the individual Attending Physician, for any services furnished to me by that Physician. I authorize any holder of medical information about me to release to the Health Care Financing Administration and its agents any information needed to determine these benefits or the benefits payable for related services. I permit a copy of this authorization to be used in place of the original, and request payment of medical insurance benefits to myself or the party who accepts assignment.

In order to comply with Medicare regulations, please answer the following questions:

1. Are you receiving Black Lung Benefits? <i>(Coal Miners who qualify for the Black Lung Program are entitled to medical benefits to cover the reasonable cost of treatment, services, or supplies for your pneumoconiosis and disability)</i>	☐ 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?	☐ YES ☐ NO
4. Was the illness/injury due to a work-related accident/condition?	☐ YES ☐ NO
5. Was the illness/injury due to a non-work related accident?	☐ YES ☐ NO
6. Are you entitled to Medicare based on age?	☐ YES ☐ NO
7. Are you currently employed? If applicable, date of retirement _____	☐ YES ☐ NO
8. Do you have a spouse who is currently employed?	☐ YES ☐ NO
9. Are you entitled to Medicare based on Disability?	☐ YES ☐ NO
10. Are you entitled to Medicare based on End-Stage Renal Disease (ESRD)?	☐ YES ☐ NO
11. Is there Medigap coverage secondary to Medicare? <i>(A Medicare Supplemental Insurance policy is sold by private insurance companies that can help pay some of the costs not covered by Medicare such as copayments, coinsurances, and deductibles). NOTE: Medicare Advantage plans, Employer or Union plans including the Federal Employee Health Benefits (FEHBP) and TriCare are NOT Medigap plans.</i>	☐ YES ☐ NO
12. Is there insurance coverage primary to Medicare?	☐ YES ☐ NO
13. Is there employer supplemental coverage secondary to Medicare?	☐ YES ☐ NO

THE UNDERSIGNED CERTIFIES THAT EACH HAS READ AND UNDERSTANDS THE ABOVE TERMS AND CONDITIONS.

Patient Signature

Date

Patient's Agent Representative and Guarantor Signature

Date