

**MEDICARE SECONDARY PAYER QUESTIONNAIRE  
AND INSURANCE INFORMATION**

Medicare Card seen?  Yes  No Medicare Part A effective date \_\_\_\_\_  
 Patient name on Medicare card verified in medical record?  Yes  No

Hospice of the Comforter is required to gather information to determine if Medicare is a primary or secondary payer for all patients who are receiving Medicare benefits. The following questions must be answered for all Medicare patients.

1. Is the illness/injury due to an automobile accident, liability accident or Workers' Compensation? (If "yes", date of injury) \_\_\_\_\_  Yes  No
2. Is the illness covered by the Black Lung Program or a Veterans Administration Program?  Yes  No
3. If under age 65, is the patient a renal dialysis patient in the first thirty (30) months of Medicare entitlement?  Yes  No
- 4a. If under age 65, is Medicare coverage due to a disability?  Yes  No
- 4b. Is the patient covered by a large group health plan through the patient's or spouse's current employer?  Yes  No
5. If age 65 or over, is the patient covered by an Employer Group Health Plan through the patient's or spouse's current employer?  Yes  No

No Known Insurance

**If the responses to questions 1 through 5 are "No", Medicare is primary.**

If the response to any question is "Yes", Medicare is the secondary payer and primary insurance information must be obtained/verified.

Name of insurance company \_\_\_\_\_

Address of insurance company \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name of policy holder \_\_\_\_\_

Policy number \_\_\_\_\_ Group number \_\_\_\_\_

Policy holder's employer name \_\_\_\_\_

Policy holder's employer address \_\_\_\_\_

\_\_\_\_\_  
Signature of Hospice of the Comforter representative

\_\_\_\_\_  
Date information obtained

\_\_\_\_\_  
Printed name of Hospice of the Comforter representative

Patient Name \_\_\_\_\_  
 Patient # \_\_\_\_\_