



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

AdventHealth Hospice Care 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 AdventHealth Hospice Care representative

Printed name of AdventHealth Hospice Care representative

Date information obtained

Patient Name _____

Patient # _____