

The Medical Center of Elberton, LLP

rev 10/2007

Medicare Secondary Payer Determination

Question	Yes	No
1) Are you entitled to any benefits under the Federal Black Lung Program?		
2) Are services to be paid by a government program such as a research grant, for example FDA clinical trials?		
3) Has treatment for this accident or illness been authorized by the Veterans Administration?		
4) Is this illness or injury the result of an accident or illness that occurred at work? - If so, has treatment been authorized by a Workers' Compensation carrier or employer?		
5) Is this illness or injury the result of an automobile accident or other injury?		
6) If over age 65, do you or your spouse work for an employer that provides you with health insurance? If no longer working, please provide your retirement date. Retirement date _____		
7) Are you entitled to Medicare because of a disability or End Stage Renal Disease?		

If patient answers no to all questions, Medicare is the **primary payer**.
If patient answers yes to any of these questions, Medicare may be **secondary payer**.

Patient Signature _____ Date ____/____/____

Patient Name Printed _____ Date of Birth ____/____/____