Medicare as a Secondary Payer Questionnaire (MSPQ)

Medicare Patients Only: As a requirement of Medicare, you will be requested to complete this questionnaire at each visit.
<u>Not</u> applicable for Medicare Managed Care plans.

1. Do you have Medicare Part B? Yes No
   If no, stop here
2. Are you receiving Black Lung (BL) Benefits? Yes No
3. Are the services to be paid by a government research program? Yes No
4. Are you entitled to benefits through the Department of Veterans Affairs? Yes No
5. Was the illness/injury due to a work-related accident/condition? Yes No
6. Was the illness/injury due to a non-work-related accident? Yes No
   For Example: Auto Accident, Slip and Fall, Malpractice, Product Liabilities, Homeowners?
7. Are you entitled to Medicare based on Age? Yes No
8. Are you entitled to Medicare based on Disability? Yes No
9. Are you entitled to Medicare based on End-Stage Renal Disease? Yes No
10. Are you currently employed? Yes No
    a. If no, retirement date? _____
    b. If yes, employer? _____
    c. Number of employees? Please Circle: 1 – 19 20 – 99 100 or more
    d. If yes, do you have insurance through your employer? _____
11. Do you have a spouse who is currently employed? Yes No
    a. Name of spouse _____
    b. If yes, employer? _____
    c. Number of employees? Please Circle: 1 – 19 20 – 99 100 or more
    d. If yes, do you have insurance through their employer? _____

_____ _____

Patient Name Date

_____ _____

Patient's representative if applicable Relationship to patient or representative's authority to act for the patient

If you answered yes to any questions above, please see Registration personnel.