

**McLaren Print System Order**

**Order No: 47052 Reprint Previous Order No: 5554**  
**Order Date: 2019-07-17**  
**User: Jessica Smith**  
**Phone: 989-773-1166**

**Ship Location: McLaren Central ReadyCare/ attn: Jessica**  
**1523 S. Mission St.**  
**Mt. Pleasant , Mi 48858**

**Forms**

**Quantity: 100**  
**Paragon Dept No: 75400**  
**Dept Name: Central ReadyCare**  
**Company Number: 810**

**Order Total Price: 0.00**

**Item Number: MM-34608**  
**Item Description: Medicare Secondary Payer Questionnaire**  
**Revision Date: 4/2019**  
**Print: 1 sided black and white**  
**Paper: 20# White Text**  
**Size: 8.5 x 11**  
**Fold:**  
**Finish:**  
**Drill: None**  
**Misc Info:**

McLaren Medical Group  
**Medicare Secondary Payer Questionnaire**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Date of Service: \_\_\_\_\_  
 Information Provided by: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_  
 Form Completed by: \_\_\_\_\_ Completion Date: \_\_\_\_\_

1. Is the patient covered by the Federal Black Lung Program?      Y    N

2. Is the patient entitled to benefits thru the Department of Veterans Affairs (DVA), due to having a service related injury?      Y    N  
 a. If yes, has the DVA agreed to pay for the care at this facility?      Y    N

3. Should the illness/injury be covered by:  
 a. Worker's Compensation claim?      Y    N  
 b. Auto Accident?      Y    N  
 c. Was the illness or injury due to a non-work related accident?      Y    N

4. Is the patient entitled to Medicare based on:  
 a. Age      Y    N  
     i. Patient's Date of Retirement \_\_\_\_\_      Y    N  
 b. Disability (Date of Disability \_\_\_\_\_)      Y    N  
 c. End Stage Renal Disease      Y    N

5. Are services to be paid by a government program, such as a research grant?      Y    N

6. Is the patient or patient's spouse currently employed?      Y    N  
 a. If patient or spouse is currently employed, is there group health plan coverage supplied by the employer?      Y    N  
 b. Spouse's Date of Retirement \_\_\_\_\_

\*If the answer to any of the above questions, other than 4A is yes, Medicare will be the "secondary insurance carrier" and other insurance would be primary. Please give the other insurance information to the recipient.