

**McLaren Print System Order**

Order No: 51234 Reprint Previous Order No: 5554  
 Order Date: 2019-12-27  
 User: brandy wakefield  
 Phone: 5862864880

Ship Location: McLaren Macomb Womens Health  
 37400 Garfield  
 Clinton twp, Michigan 48036

**Forms**

Quantity: 100  
 Paragon Dept No: 72100  
 Dept Name: McLaren Macomb Womens Health  
 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 \_\_\_\_\_
  - 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 #4 is yes, Medicare will be the "secondary insurance carrier" and other insurance would be primary. Please give the other insurance information to the recipient.