

McLaren Print System Order

Order No: 52792 Reprint Previous Order No: 5554
Order Date: 2020-02-24
User: Angela DeLaRosa
Phone: 9893932714

Ship Location: McLaren Bay Family Medicine Attn Angela DeLaRosa
3720 Katalin Ct, Suite 201
Bay City, MI 48706

Forms

Quantity: 1000
Paragon Dept No: 69000
Dept Name: McLaren Medical Group
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 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.