

McLaren Print System Order

Order No: 52793 Reprint Previous Order No: 5554
Order Date: 2020-02-24
User: Angela DeLaRosa
Phone: 9893932714

Ship Location: McLaren Bay Internal Medicine Attn Angela DeLaRosa
4818 W Professional Dr
Bay City, MI 48706

Forms

Quantity: 1000
Paragon Dept No: 69130
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 Veteran 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 #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.