McLaren Business Products

McLaren Print System Order

Order No: 62824 Reprint Previous Order No: 59178
Order Date: 2021-06-06
User: Kristin Fudge
Phone: 9893932850

Ship Location: Mclaren Bay Uptown Occupational Health
4 Columbus Ave STE 140
Bay City, mi 48708
Forms
Quantity: 100
Paragon Dept No: 69100
Dept Name: Bay Uptown Occupational Health
Company Number: 810

Order Total Price: 0.00

Item Number: REG 7
Item Description: MCR MEDICARE SECONDARY PAYOR QUESTIONNAIRE
Revision Date: 1/2018
Print: 2 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info: ds; black & White; Bond

McLaren
CARO REGION

[redacted]

MEDICARE SECONDARY PAYOR QUESTIONNAIRE

Patient Name: _____ Date of Service: _____

PART 1
(Circle correct response)

1. Are you receiving Black Lung benefits? Yes No Date: _____
   Is Black Lung Primary Payer for this claim? Yes No
2. Are you receiving a Government Grant for these services? Yes No
3. Has the Department of Veterans Affairs authorized and agreed to pay for your care at this facility? Yes No
4. Department of Veterans Affairs is primary for these services? Yes No

PART 2
(Fill in Yes or No next to correct response, then enter information as instructed)

5. Auto Accident? _____ Accidental Injury? _____ Work Related? _____ Slip and Fall? _____
   Claim Date: _____ Address: _____
   Phone Number: _____ Contact Person: _____
   Claim Number: _____
   How the injury/illness occurred: _____
   _____

PART 3
(Select one)

6. Are you entitled to Medicare Based on: Age? _____ Disability? _____ End Stage Renal Disease? _____

PART 4
AGE

1. Are you employed? _____ Retirement Date: _____ Never Employed? _____
   If currently employed, name and address of current employer: Full time: _____ Part time: _____
   Name: _____ Address: _____
2. If married is spouse employed? _____ Retirement Date: _____ Never Employed? _____
   If spouse employed, name and address of current employer: Full time: _____ Part time: _____
   Name: _____ Address: _____