

McLaren Print System Order

Order No: 42764 Reprint Previous Order No: 5554
Order Date: 2019-02-08
User: Shaniqua Boyce
Phone: 248-709-8991

Ship Location: McLaren Corporate (Marketing suite Attn; Cynthia Hale)
64 N. Saginaw
Pontiac , Mi 48342

Forms

Quantity: 500
Paragon Dept No: 810
Dept Name: Patient Access
Company Number: 810

Order Total Price: 0.00

Item Number: MM-34608
Item Description: Medicare Secondary Payer Questionnaire
Revision Date: 12/2012
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 From _____ To _____
 Info Provided by _____ Ref to Pat: _____
 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, due to having a service related to an injury?	Y	N
If yes, has the Department of Veterans Affairs agreed to pay for the care at this facility?	Y	N
3. Should the illness/injury be covered by:	Y	N
3A. Worker's Compensation claim?	Y	N
3B. Auto Accident?	Y	N
3C. Was the illness or injury due to a non-work related accident?	Y	N
4. Is the patient entitled to Medicare based on:	Y	N
4A. Age	Y	N
4B. Disability	Y	N
Date of Disability: _____		
4C. 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 currently employed?	Y	N
6A. Is the patient's spouse currently employed?	Y	N
If patient or patient's spouse is currently employed, is there group health plan coverage supplied by the employer?	Y	N

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

MM34608 01/12