

McLaren Print System Order

Order No: 84795
Order Date: 2024-04-23
User: Theresa Shaughnessy
Phone: 5179756206

Ship Location: McLaren Greater Lansing - Admitting
2900 Collins Road
Lansing, MI 48910

Form
Quantity: 100
Paragon Dept No: 14765
Dept Name: Patient Access
Company Number:

Order Total Price: 4.48

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
Poster:
Misc Info: ds; black & White; Bond



401 N. HOSPITAL ST.
LANSING, MICHIGAN 48906-0001
(517)975-3141

MEDICARE SECONDARY PAYOR QUESTIONNAIRE

Patient Name: _____ Date of Service: _____

PART 1
(Circle correct response)

1. Are you receiving Black Lung benefits? Yes No Date: _____
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: _____