

Patient Label Here

Conroe Surgery Center
Medicare Secondary
Payer Questionnaire

[Circle Yes or No]

Part 1	1. Are you receiving Black Lung (BL) Benefits? If Yes, BL is primary Provide payer info in Part 7	Yes No – Go to question 2, Part 1 Date Benefits Began: ___/___/___
	2. Are the services to be paid by a Government Research Program (GRP)? If Yes, GRP is primary Provide payer info in Part 7	Yes No – Go to question 3, Part 1
	3. Has the Department of Veterans Affairs (DVA) authorized and agreed to pay for your care at this facility? If Yes, DVA is primary Provide payer info in Part 7	Yes No – Go to question 4, Part 1
	4. Was the illness/injury due to a work-related accident/condition? If Yes, WC is primary – Go to Part 3 Provide payer and employer info in Part 7	Yes No – Go to Part 2 Date of Injury/Illness : ___/___/___

Part 2	1. Was illness/injury due to a non-work-related accident? If yes, go to Question 2, Part 2	Yes No – Go to Part 3 Date of Accident : ___/___/___
	2. Is no-fault insurance (pays for health care services resulting from injury to you or damage to your property regardless of who is at fault for causing the accident) available? Go to question 3, Part 2 Provide payer info in Part 7	Yes No
	3. Is liability insurance (protects against claims based on negligence, inappropriate action or inaction, which results in injury to someone or damage to property) available? Go to Part 3 Provide payer info in Part 7	Yes No

Part 3	1. Are you entitled to Medicare based on one or more of the following: Age – Go to Part 4 Disability – Go to Part 5 End-Stage Renal Disease (ESRD) – Go to Part 6 * Age and Disability cannot be selected simultaneously. Age and ESRD or Disability and ESRD may be selected simultaneously. Complete all parts associated with patient's selection.
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Part 4	1. Are you currently employed? Go to Question 2, Part 4 Provide employer info in Part 7	Yes No Date of Retirement : ___/___/___
	2. Do you have a spouse that is currently employed? If yes, go to Question 3, Part 4 Provide employer info in Part 7	Yes No – Medicare is Primary Date of Retirement : ___/___/___
	3. Do you have group health plan(GHP) coverage based on your own or a spouse's current employment? If yes, go to Question 4, Part 4 SPOUSE, go to question 5, Part 4 BOTH, go to question 4 and 5, Part 4	Yes No – Medicare is Primary
	4. If you have GHP coverage based on your own current employment, does your employer that sponsors or contributes to the GHP employ 20 or more employees? If yes, GHP is primary Provide payer and employer info in Part 7	Yes No – Medicare is Primary
	5. If you have GHP coverage based on your spouse's current employment, does your spouse's employer that sponsors or contributes to the GHP employ 20 or more employees? If yes, GHP is primary Provide payer and employer info in Part 7	Yes No – Medicare is Primary

Part 5	1. Are you currently employed? Go to Question 2, Part 5 Provide employer info in Part 7	Yes No Date of Retirement : ___/___/___
	2. Do you have a spouse that is currently employed? If yes, go to Question 3, Part 5 Provide employer info in Part 7	Yes No – go to Question 4, Part 5 Date of Retirement : ___/___/___
	3. Do you have group health plan (GHP) coverage based on your own or a spouse's current employment? SELF, go to question 5 Part 5 SPOUSE, go to Question 6, Part 5 BOTH, go to Question 5 and 6, Part 5	Yes No – go to question 4, Part 5
	4. Are you covered under the GHP of a family member other than your spouse? If yes, go to Question 7, Part 5 Provide payer and employer info in Part 7	Yes No – Medicare is Primary

