

Medicare Secondary Payer Screening Form

HIC Number : _____

Patient's Name: _____

1. Is the Patient covered under a Group Health Plan (either their own or that of another family member)?

- Yes **Complete the following:**
 No Date of coverage termination: _____ **proceed to Question #2**

Employer Information For:

Patient Spouse Other _____

Insurance Information for:

Patient Spouse Other _____

Employer Name: _____

Insurance Name: _____

Address: _____

Address: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Insured's Name: _____

Policy/Group No.: _____

Proceed to Question 2

2. Are you or your spouse retired?

- Yes Patient retirement date: ____ / ____ / ____ Spouse retirement date: ____ / ____ / ____

What is your Reason For Medicare Entitlement?

- Age (65 years old or older) Proceed to section A
 Disability (Under age 65, non- ESRD) Proceed to section B
 ESRD:
 Solely ESRD - Proceed to Section C/D
 ESRD and Age - Proceed to Section C/E
 ESRD and Disability - Proceed to Section C/E

A. Patient non ESRD and 65 years of age or older (Working Elderly)

Is the GHP in Section 1 based on patient or spouses current employment?

- Yes Bill the GHP listed above as primary. Medicare is tertiary if the patient and spouse are both employed and covered by a GHP.

The GHP is not primary for:

1. Employees of employers with fewer than 20 employees (full time, part time, or leased) unless the plan is part of a multi-employer plan that pays primary benefits for all individuals.
2. Self employed individuals with fewer than 20 employees.
3. Individuals entitled to premium Part A or have Part B only.

- No **Proceed to Question # 3**

