

MEDICARE SECONDARY DETERMINATION

Account Number: _____

It is mandated by Medicare that we ask you the following questions at each visit in order for us to file your insurance.

QUESTION	Circle "Y" for "yes" or "N" for "no"	
Are you 65 or older? If so, are you or your spouse currently employed and either of you covered by an employer group health plan? (Both must be yes to answer yes)	Y N	
Are you under age 65 and qualified for disability?	Y N	
Are we treating you for a work related injury or illness (Workers' Comp)?	Y N	
Are you covered by the Federal Black Lung Program?	Y N	
Are you covered by group health insurance and have Medicare due to end-stage renal disease?	Y N	
Are you covered by Veterans Administration with a disability?	Y N	
Are you covered by a research grant or a state of federal program?	Y N	
Are we treating you for an injury involving auto or liability insurance? (Liability insurance is the insurance that provides payment when responsibility is established for injury or illness and No-Fault insurance pays expenses for injuries on the property or in the auto no matter who is at fault.)	Y N	

Patient Name (Printed)

Date of Birth

Patient Signature

Date