

FOR MEDICARE PATIENTS ONLY

Medicare Secondary – Payer Questionnaire
(To be completed for ALL Medicare patients at each initial visit)

NAME _____ Medicare# _____

Is the patient a veteran? _____ Date _____

1. Did the VA refer you here for treatment?..... YES NO
2. Does the patient have a VA “Fee Basis ID” card?..... YES NO
3. Do you have a “Federal Black Lung” card?..... YES NO
4. Is the patient covered by an employer’s health insurance plan through their own employment or that of a spouse or other family member? (Not retiree coverage)..... YES NO
5. Is your Medicare entitlement based on End Stage Renal Disease?..... YES NO

If you answered “yes” to any of the above questions, please answer the following questions:

- a. Does the patient authorize you to bill VA?..... YES NO
- b. Are the services you are receiving today related to lung disease?..... YES NO

If the answer is “yes,” submit claims to:

*Federal Black Lung Program
P O Box 828
Lanham-Seabrook, MD 20703-0828*

6. Is this medical condition due to an accident of any kind?..... YES NO
If yes, was it:
Work Related___ Auto___ Injured in own home___ Other___
7. Are the services to be paid for by a Government Research Program?..... YES NO

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MEDICARE AUTHORIZATION

I request that payment of authorized Medicare benefits be made to Robert D. Plambeck, MD, PC for any services furnished to me by their providers. I authorize my holder of medical information about me to release to the Center for Medicaid and Medicare Services and its agents any information needed to determine these benefits or the benefits payable for related services.

SECONDARY INSURANCE BENEFITS AUTHORIZATION

I hereby authorize payment of my Medigap and/or Secondary Insurance benefits to Robert D. Plambeck, MD, PC for all claims filed on my behalf. This authorization applies to all services until it is revoked by me or my representative.

Patient or Authorized Signature _____ Relationship _____ Date _____

For Office Use Only:

Date	Initials of Associate who reviewed questions with the patient	Changes to Yes	Questionnaire No