

MEDICARE SECONDARY

Medicare law requires that we determine if your medical services might be covered by another insurer. In order to assist us in the correct billing of physical therapy services, please answer the following questions:

- 1) Is Medicare the primary insurance? YES \_\_\_\_\_ NO \_\_\_\_\_
  
- 2) If the patient is entitled to Medicare, it is based on: AGE \_\_\_\_\_ DISABILITY \_\_\_\_\_  
END STAGE RENAL DISEASE \_\_\_\_\_
  
- 3) Is the patient over the age of 65? YES \_\_\_\_\_ NO \_\_\_\_\_
  
- 4) Is illness/injury due to:
  - A work-related accident/condition? YES \_\_\_\_\_ NO \_\_\_\_\_
  - Condition covered under the Federal Black Lung Program? YES \_\_\_\_\_ NO \_\_\_\_\_
  - An automobile accident? YES \_\_\_\_\_ NO \_\_\_\_\_
  - An accident other than an automobile accident? YES \_\_\_\_\_ NO \_\_\_\_\_
  - The fault of another party? YES \_\_\_\_\_ NO \_\_\_\_\_

*\*If the answer is "yes" to any of the above, please provide us with the following information:*

Name of insurance or liability insurer: \_\_\_\_\_  
Claim number: \_\_\_\_\_  
Date of accident: \_\_\_\_\_

- 5) Please answer the following:
  - Is the patient currently employed? YES \_\_\_\_\_ NO \_\_\_\_\_
  - Is the patient's spouse currently employed? YES \_\_\_\_\_ NO \_\_\_\_\_
  - Is the patient covered by the spouse employer's group health? YES \_\_\_\_\_ NO \_\_\_\_\_
  - Is the patient a dependent covered under a parent/guardian's employer group health plan? YES \_\_\_\_\_ NO \_\_\_\_\_

*\*If the answer is "yes" to any of the above, please provide us with the following information and a copy of the card:*

Does the employer employ 20 or more employees? YES \_\_\_\_\_ NO \_\_\_\_\_  
Does the employer employ 100 or more employees? YES \_\_\_\_\_ NO \_\_\_\_\_

\_\_\_\_\_  
PATIENT OR PATIENT'S AGENT

\_\_\_\_\_  
DATE