



Medicare Secondary Payer (MSP) Form

Patient Name: _____ Acct#: _____
Medicare requires us to identify if Medicare is the primary or secondary payer, please answer all the required questions below.

- 1. Do you receive Veteran's benefits? Yes No
- 2. Are the services to be paid by a government research program? Yes No
- 2. Are you receiving benefits under the Black Lung Program? Yes No
If yes, date benefits began _____
Black lung is primary payer only for claims related to black lung
- 3. Was this injury/illness due to a work-related accident/condition? Yes No
If yes, date of injury/illness _____; *Please provide the WC information*
- 4. Was the injury/illness related to an automobile accident? Yes No
If yes, date of accident _____
- 5. Was this injury/illness related to an accident in which you intend to file liability suit or litigation pending? Yes No *If yes, please provide the Attorney's information*
Attorney Name: _____ Phone Number: _____

(If answered YES to any of the questions above Medicare is the secondary payer)

- 6. Are you entitled to Medicare based on: Age (65 & over)—go to question 7
 Disability—go to question 8
 End Stage Renal Disease—if **yes to both questions below-group health plan (GHP) is primary**
 - 1. Do you have group health plan coverage? Yes No
 - 2. Are you within the 30-month coordination period? Yes No
- 7. Are you currently employed? Yes No - Date of retirement _____
 - a. Is your spouse employed? Yes No - Date of retirement _____
 - b. Do you have a GHP as primary coverage based on your own or spouse's current employment?
 Yes No
 - c. Does the employer that sponsors the GHP employ 20 or more employees? Yes No

If you OR your spouse is currently employed and answered YES to BOTH b and c, GHP is primary, please provide your insurance information

- 8. Are you currently employed? Yes No Date of retirement _____
 - a. Is your spouse/family member employed? Yes No
 - b. Do you have a GHP as primary coverage based on your own or spouse's or family member's current employment? Yes No
 - c. If you have group health coverage, does employer that sponsors the GHP employ over 100 or more employees? Yes No

If you have GHP coverage based on your or spouse's or family member's current employment and answered YES to BOTH b and c, GHP is primary, please provide your insurance information.

Signature of Patient/Representative Date

Relationship to patient