



Medicare Secondary Payer Form

Date : \_\_\_\_\_

Patient Name: \_\_\_\_\_ Med Rec # / Account# \_\_\_\_\_

Dear Medicare Patient:

As a direct result of mandated Medicare Secondary Payer (MSP) regulations, we are required to gather the following information to determine if Medicare is your primary insurance.

- 1. Is the illness/injury due to an automobile accident, liability accident or Workman’s Compensation? Yes No
- 2. Is illness covered by the Black Lung Program or Veterans Administration program? Yes No
- 3. If under 65, are you a renal dialysis patient in your first 30 months of Medicare entitlement? Yes No
- 4a. **If under age 65**, is your Medicare coverage due to disability? Yes No
- 4b. If patient has Group Health Plan coverage based on their own or their spouse’s employer, does that employer have **20 or more employees**? Yes No
- 5. **If 65 and over**, and patient have Group Health Plan coverage based on their own or their spouse’s employer, does that employer have **100 or more employees**? Yes No

**Registrar Notes:**

- A. If patient responds “no” to questions 1-5, Medicare is primary.
- B. If patient responds “yes” to any questions, Medicare is secondary and primary insurance information must be obtained.

Name of Insurance Company \_\_\_\_\_  
 Address of Insurance Company \_\_\_\_\_  
 Name of Policy Holder \_\_\_\_\_  
 Policy Number \_\_\_\_\_  
 Policy Holder’s Employer Name \_\_\_\_\_  
 Policy Holder’s Employer Address \_\_\_\_\_  
 Date of Accident (if applicable) \_\_\_\_\_

**Home Health Section – REQUIRED**

\*\*\*\*Have you received Physical, Occupational or Speech Therapy from the following?

Skilled Nursing Facility  Yes  No      Home Health Agency  Yes  No      Date Discharged: \_\_\_\_\_

Do you have a copy of your discharge letter?  Yes  No

Home Health Agency Name / Phone #: \_\_\_\_\_

**Protocol for Resolving Medicare Complaints  
From Medicare Beneficiaries**

The patient has the right to freely voice grievances and recommend changes in care or services without fear of reprisal or unreasonable interruption of services. All complaints will be handled in a professional manner. All logged complaints will be responded to in writing or by telephone by a front office manager and investigated by the Medicare Compliancy Officer within five (5) business days after the receipt of the complaint. If there is no satisfactory resolution of the complaint, the next level of management will be notified progressively and up to an owner of the company.

\_\_\_\_\_  
Patient/Guardian/Responsible Party signature

\_\_\_\_\_  
Date