

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
- 4. **If under age 65, disabled**, and covered under an employer’s Group Health Plan, does the employer have more than 100 employees? Yes No
- 5. **If 65 and over** and covered under an employer’s Group Health Plan, does the employer have more than 100 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 / are you receiving healthcare services from one of 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 #: _____

******If you are still receiving Skilled Nursing or Home Health services, this is your notification that you may be financially responsible for the treatment received in our clinic.******

**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