

**\*\*\* PERSONS WITH MEDICARE \*\*ONLY\*\* CONTINUE WITH THIS SECTION \*\*\***

Medicare regulations require that this agency ask each person about other insurances that would pay for services. Medicare will pay for services only when it has been determined that there is no other payment source. To meet this regulation, Medicare requires that you answer the following questions:

Last Name:

First Name:

Middle I.

1. Are you currently working full or part-time?  Yes  No
2. If married, is your spouse currently working full or part-time?  Yes  No
3. Are you covered under an employer group health plan based on your current employment, or the employment of your spouse?  Yes  No
4. If **YES**, please complete the following; if **NO** go to question 5.

Name of Insured \_\_\_\_\_

Relationship to Medicare beneficiary \_\_\_\_\_

Name and Address of insurance \_\_\_\_\_

Group ID # \_\_\_\_\_ Policy ID # \_\_\_\_\_

5. Are you entitled to Black Lung Medical benefits?  Yes  No
6. Is this service for treatment of a work related injury or illness  Yes  No
7. If **YES**, please complete the following; If **NO**, go to question 8.

Name/Address of worker's compensation agency \_\_\_\_\_

Name/Address of employer \_\_\_\_\_

8. Is this service for the treatment of an illness or injury which resulted from an automobile liability or no-fault accident?  Yes  No

9. If **YES**, please complete the following:

Name/Address of insurer \_\_\_\_\_

Policy number of insurance \_\_\_\_\_

Signature of Medicare Client \_\_\_\_\_

Date \_\_\_\_\_