SYMPONIA HOSPICE
We Are Compassion

MEDICARE SECONDARY PAYER WORKSHEET

KEY: WC= Workers Compensation
BL = Black Lung
GHP = Group Health Plan
DVA=Department of Veterans Affairs
ESRD= End Stage Renal Disease

Patient Name: _____ Patient ID: _____

PART I: Was Illness/injury due to **Work Related Accident/Condition** and covered by WC plan, DVA or the Federal BL program?

☐ NO Continue to **Part II**

☐ YES Name & Address of: ☐WC ☐DVA ☐BL Pgm. (check all that apply)
_____ Policy or ID#: _____

Part II: Was illness/injury due to a **NON – Work Related Accident/Condition?**

☐ NO Continue to **Part III**

☐ YES What type of accident caused the injury?   ☐Automobile   ☐Non – Automobile
Accident Location: ☐ Home ☐ Business ☐ Other: _____ Date of Accident/ Injury: _____
Describe Accident /Injury: _____
☐ Automobile? Name, Address & Phone # of Insurer: _____
       Insurance Claim number: _____
YES: *STOP*   AUTO INSURER IS PRIMARY PAYER FOR ACCIDENT RELATED CLAIMS (Go to **PART III**)
☐Non – Automobile?   Was another party responsible for this accident?
       Name, Address & Phone # of any liability Insurer: _____
       Insurance Claim number: _____
*STOP   **ANOTHER PARTY IS PRIMARY PAYER FOR ACCIDENT RELATED CLAIMS** (Go to **PART III**)*

PART III: Is Patient **Entitled to Medicare Based on Age** (age 65 or Over)? (If Yes, answer questions 1-3)

☐ NO (Under age of 65) **Continue to Part IV**

☐ YES: 1. Is the patient ☐ employed ☐ retired and covered by GHP or HMO? ☐Yes   ☐No
                    (retirement date: _____) ☐No *Never worked*
   Or 2. Is the patient covered under spouse's GHP or HMO?   ☐Yes   ☐No
   Or 3. Has the patient chosen a HMO to manage their Medicare benefits? ☐Yes   ☐No
    and Does the GHP employ 20 or more? ☐Yes   ☐No
   *STOP   **GHP/HMO IS THE PRIMARY PAYER FOR ACCIDENT RELATED CLAIMS** (Go to **PART VI**)*

PART IV: Patient Is a **Disabled Medicare Beneficiary Under Age 65.**

   And 1. Is the patient covered by GHP or HMO?   ☐Yes   ☐No (GHP employs 100 or more ☐Y ☐N)
   Or 2. Is the patient covered under spouse's GHP or HMO?   ☐Yes   ☐No (GHP employs 100 or more ☐Y ☐N)
   ☐No *STOP* **MEDICARE IS THE PRIMARY PAYER** (Questions 1&2 an NO) (Unless Part I and II were answered Yes) ☐Yes:
Continue to **Part V**   (and complete *PART IV*)

Part V: Is Patient entitled to Medicare based on **End Stage Renal Disease (ESRD)**? (Primary Payer Determination)

☐No: *STOP* **MEDICARE IS THE PRIMARY PAYER**

☐Yes: 1. Is the patient within the 30-month coordination period? (I.e. 30 mo. from initiation of dialysis) ☐Yes   ☐No
   2. Was the patient's initial entitlement to Medicare based on ESRD?   ☐Yes   ☐No
   3. Does the working aged or disability MSP provision apply?   ☐Yes   ☐No
   *STOP **GHP/HMO IS THE PRIMARY PAYER DURING THE 30 MO. COORDINATION PERIOD.** (1&2 OR 1&3 IS yes)*

PART VI. GHP/HMO INFORMATION

Name & address of GHP/HMO:

Patient's ID Number:

Policy Holder / Relation to Patient:

Signature/Title:_____   **Date:**_____

Created:
Updated: