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

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