

Formulario de pagador secundario de Medicare (MSP)

Nombre Del paciente: _____ Acct#: _____

Medicare requiere que identifiquemos si Medicare es el pagador primario o secundario, responda todas las preguntas requeridas a continuación:

1. Usted recibe beneficios de Veteranos? Yes No
2. Son los servicios pagados por un programa de gobierno?? Yes No
2. Usted recibe beneficios bajo el programa de pulmon Negro? Yes No
Si recibe, fecha de comienzo: _____
Black lung is primary payer only for claims related to black lung
3. ¿Fue esta lesión/enfermedad debido a un accidente/de trabajo? Yes No
Si, fecha/enfermedad _____; *Por favor provea la informacion de WC*
4. ¿La lesión/enfermedad estuvo relacionada con un accidente de Yes No
coche? Si, Fecha del accidente _____
5. ¿Esta lesión / enfermedad se relacionó con un accidente en el que tiene la intención de presentar una demanda de pending? Yes No *Si, provea la informacion de su abogado:*

(Si responde SÍ a cualquiera de las preguntas anteriores, Medicare es el pagador secundario)

6. ¿Tiene derecho a Medicare basado en Edad (65 & Mas)- pregunta 7
 Desehabilitado-Pregunta 8
 End Stage Renal Disease—if **yes to both questions below-**
group health plan (GHP) is primary
 1. Do you have group health plan coverage? Yes No
 2. Are you within the 30-month coordination period? Yes No
7. Are you currently employed? Yes No - Date of retirement _____
 - a. Is your spouse employed? Yes No - Date of retirement _____
 - b. Do you have a GHP as primary coverage based on your own or spouse's current employment?
 Yes No
 - c. Does the employer that sponsors the GHP employ 20 or more employees? Yes No

If you OR your spouse is currently employed and answered YES to BOTH b and c, GHP is primary, please provide your insurance information

8. Are you currently employed? Yes No Date of retirement _____
 - a. Is your spouse/family member employed? Yes No
 - b. Do you have a GHP as primary coverage based on your own or spouse's or family member's current employment? Yes No
 - c. If you have group health coverage, does employer that sponsors the GHP employ over 100 or more employees? Yes No

If you have GHP coverage based on your or spouse's or family member's current employment and answered YES to BOTH b and c, GHP is primary, please provide your insurance information.

Signature of Patient/Representative

Date

Relationship to patient