Medicare Secondary Payor Development Form

GCAM	19563	Fauencer	Retirement Date	Spouse's Re	etirement Date	Spouse's Deceased Date	
Patient's Name			Account No. Medicare No.				
You must ask the patient each question in a as a secondary payor is a violation of your Prov	equence and comply w	ith any instru	ctions which follo	w an answer. F	ailure to obtain in	formation regarding Medicare	
Does the patient have an HMO policy If Yes, name, address and phone of	? 🗌 No 🗌 Yes		days? 🗌 No	□ Yes	nt in a health ca Id phone of facil	are facility within the last 60 ity:	
Does the HMO replace Medicare? If Yes, the HMO will be primary. If I Is this patient an inpatient? IN No Was the patient given Important Mes If No, why not?	Yes		72 hours?	□ No	tpatient medic Yes d phone of facil	al services in the last ity:	
1. Are you receiving Black Lung (BL) Be	anofite?		7 Was another	narty response	sible for this acci	dent?	
			 7. Was another party responsible for this accident? No; Go to Question 8. 				
Yes; Date benefits began:		_	Yes; Prov	vide name, add	dress and phone	of any liability insurer:	
If Yes, BL is Primary only for claims r 2. Are the services to be paid by a gove		asa				4	
research grant?	innonit program oddi	au					
 No Yes; Government program will pay primary benefits for these 		or these	Insurance cla	aim number:			
services.			If yes, liability insurer is Primary only for those claims related to the				
Has the Department of Veterans Affairs (DVA) authorized and agreed to pay for care at this facility?			accident. Go to Question 8. 8. Are you entitled to Medicare based on:				
			Age; Go to Questions 9 – 12.				
Yes; DVA is primary for these services.			 Disability; Go to Questions 13 – 16. ESRD; Go to Questions 17 – 23. 				
 4. Was the illness/injury due to work related accident or condition? No; Go to Question 5. Yes; Date of injury/illness: Name, address and phone of Workers Compensation Plan: 				a se a respect			
			 9. Are you currently employed? No; Date of retirement: Yes; Provide name, address and phone of your employer: 				
Policy or ID Number:			10. Is your spou	se currently e	mployed?		
Name, address and phone number of your employer:			No; Date of retirement:				
			Yes; Prov	vide name, ad	dress and phone	of spouse's employer:	
If Yes, Workers Compensation is Print related to work related injury or illnes							
 5. Was the illness/injury due to a non-work related accident? No; Go to Question 8. Yes; Date of accident: 			primary. If the then Medica	t answered No ne patient answ re is NOT prin ceed any furth	wered "Yes" to quantum to quantum termination of the second secon	ns 9 and 10, Medicare is uestions 1 – 4 or 5 – 7	
6. What type of accident caused the illn			If yes to que	stions 9 or 10,	go to questions		
Automobile Non-Automobile Name, address and phone of no-fault or liability insurer:		_	or a spouse'	s current emp op. Medicar	loyment?	erage based on your own, er unless the patient 4 or 5 – 7.	
Insurance Claim Number:			Modioara		is form to b	no completed for	
No-Fault insurer is Primary payor only for those claims related to the accident. Go to Question 8.		ted to	Medicare requires this form to be completed for every Medicare patient. The information is used to determine if other payors are primary to Medicare.				

Medicare Secondary Payor Development Form Page 1 of 2

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 No; Date of Retirement	Patient's Name	Account No.	Medicare No.		
Name, address and phone of GHP: Policy ID Number: Group ID Number: Mame of Policy Holder Relationship to Patient 13. Are you currently employed? No: Date of Relievent Yes; Provide name, address and phone of your employer: 14. Is a family member currently employed? 14. Is a family member currently employed? 15. Drou haves the patient answers "No" to both questions 13 and 14, Medicare is Primary unless the patient answered "Yes" to questions 13 and 14, Medicare is Primary unless the patient answered "Yes" to questions 13 and 14, Medicare is Primary unless the patient answered "Yes" to question 15 and 16. 15. Do you have you group haalth pain (GHP) coverage based on your own, or a family memberic current imployment? Yes 16. Dose the employer that sponsors your GHP, employ 100 or more employeer is Primary unless the patient answered "Yes" to question 15 and 16. 16. Dose the employer that sponsors your GHP, employ 100 or more employeer is Primary unless the patient answered "Yes" to question 16 and 16. 17. Name, address and phone of GHP: 18. Have you received a kidney transplant: 19. Doy ou have the sponsors your GHP, employ 100 or more employeer? 19. Yes 19. One you group haalting an (GHP) coverage based on testion answered "Yes" to questions 16 and 16. 19. One you entitled to Medicare is Primary unlest	 employees? □ No; Stop. Medicare is Primary payer unless the patient answered "Yes" to questions 1-4 or 5 – 7. □ Yes; Stop. Group Health Plan is Primary. Obtain the following 	No: Stop. Medicare is Primary.			
Group ID Number: Name of Policy Holder Relationship to Patient Group ID Number: Name of Policy Holder Relationship to Patient Group ID Number: Group ID Number: Name, address and phone of opployer: Generation answers "No" to both questions 13 and 14, Medicare is Primary unless the patient answered Yes; Provide name, address on phone of employer: Generation answers "No" to both questions 13 and 14, Medicare is Primary unless the patient answered Yes to questions 13 or 14, go to questions 1-4 or 5-7. Yes Yes to questions 1-4 or 5-7. Yes Yes 'to questions 1-4 or 5-7. Yes Yes' to questions 1-4 or 5-7. Yes Y		Group ID Number			
13. Are you currently employed?	Group ID Number:		d phone of employer, if any from which you received		
□ No: Date of Retirement □ No □ Yes; Provide name, address and phone of your employer: □ No □ No: □ No: □ No: □ No: □ Yes; Provide name, address and phone of employer: □ No: □ No: □ No: □ Yes; Provide name, address and phone of employer: □ No: □ No: □ No: □ Yes; Provide name, address and phone of employer: □ No: □ Yes; Provide name, address and phone of employer: □ No: □ Yes; Provide name, address and phone of employer: □ No: □ Yes; Stop. Medicare is Primary unless the patient answered 'Yes' to questions 1-4 or 5-7. □ No: □ No: Stop. Medicare is Primary unless the patient answered 'Yes' to questions 1-4 or 5-7. □ Yes □ No: Stop. Medicare is Primary unless the patient answered 'Yes' to questions 1-4 or 5-7. □ Yes □ No: Stop. Medicare is Primary unless the patient answered 'Yes' to questions 1-4 or 5-7. □ Yes □ No: Stop. GHP is Primary unless the patient answered 'Yes' to questions 1-4 or 5-7. □ Yes □ No: Stop. GHP continues to pay Primary during the 30 ^m month coordination pariod. □ Yes; Stop. Medicare is Primary unless the patient answered 'Yes' to questions 1-4 or 5-7. □ No: <td></td> <td></td> <td></td>					
It is a family member currently employed? No Yes; Provide name, address and phone of employer: If patient answers 'No" to both questions 13 and 14, Medicare is Primary unless the patient answered 'Yes" to questions 1-4 or 5-7. If you participated in self dialysis training program, provide data training started: 20. Are you within the 30 month coordination period? If patient answers 'No" to both questions 13 and 14, Medicare is Primary unless the patient answered 'Yes" to question 15 and 16. If You participated in self dialysis training program, provide data training started: 20. Are you within the 30 month coordination period? If yet of questions 13 or 14, go to question 15 and 16. IS Do you have your group health plan (GHP) coverage based on your own, or a family member's current employment? No; Stop. Medicare is Primary unless the patient answered 'Yes' to questions 1 - 4 or 5 - 7. Yes Or Sitop. Medicare is Primary unless the patient answered 'Yes' to questions 1 - 4 or 5 - 7. Yes No; Stop. GHP continues to pay Primary during the 30 th month coordination period. Yes No; Stop. GHP continues to pay Primary during the 30 th month coordination period. Yes Policy ID Number: Group ID Number: Name of Policy Holder Relationship to Patient <	 No; Date of Retirement Yes; Provide name, address and phone of your employer: 	No Yes; Date of Transplant: 19. Have you received maintenance dialysis treatments? No			
If patient answers "No" to both questions 13 and 14. Medicare is Primary unless the patient answered "Yes" to questions 1-4 or 5-7. No; Stop. Medicare is Primary. If patient answers "No" to both questions 13 and 14. Medicare is Primary unless the patient answered "Yes" to questions 15 and 16. 14. Are you entitled to Medicare on the basis of either ESRD and age, or ESRD and disability? 15. Do you have your group health plan (GHP) coverage based on your own, or a family member's current employment? No; Stop. Medicare is Primary unless the patient answered "Yes" to questions 1 - 4 or 5 - 7. Yes Yes 16. Does the employeer that sponsors your GHP, employ 100 or more employees? No; Stop. Medicare is Primary unless the patient answered "Yes" to questions 1 - 4 or 5 - 7. Yes 22. Was your initial entitlement to Medicare (including simultaneous Entitlement) based on ESRD? No; Stop. Medicare is Primary unless the patient answered "Yes" to questions 1 - 4 or 5 - 7. Yes 22. Was your initial entitlement to Medicare (including simultaneous Entitlement) based on ESRD? No; Stop. Medicare is Primary unless the patient answered "Yes" to questions 1 4 or 5 - 7. Yes Stop. Medicare is Primary unless the patient answered "Yes" to questions 1. No; Stop. Medicare is Primary unless the patient answered "Yes" to questions 1. Yes Stop. Grup Health Plan is Primary. Obtain the following information: Name, address and phone of GHP: 23. Does the working aged or d	□ No	If you participated	in self dialysis training program, provide		
Primary unless the patient answered "Yes" to questions 1-4 or 5- 21. Are you entitled to Medicare on the basis of either ESRD and age, or ESRD and disability? If Yes to questions 13 or 14, go to question 15 and 16. 21. Are you entitled to Medicare on the basis of either ESRD and age, or ESRD and disability? If Yes to questions 13 or 14, go to question 15 and 16. 21. Are you entitled to Medicare on the basis of either ESRD and age, or ESRD and disability? If Yes to questions 13 or 14, go to question 15 and 16. 21. Are you entitled to Medicare on the basis of either ESRD and age, or ESRD and disability? 15. Do you have your group health plan (BPP) coverage based on your own, or a family member's current employment? No; Stop. Medicare is Primary unless the patient answered "Yes" to questions 1 - 4 or 5 - 7. 16. Does the employer that sponsors your GHP, employ 100 or more employees? 22. Was your initial entitlement based on age or disability. 17. Yes; Stop. Group Health Plan is Primary. Obtain the following information: No; Initial entitlement based on age or disability. 17. Yes; Stop. Group Health Plan is Primary. Obtain the following information: No; Initial entitlement based on age or disability. 23. Does the working aged or disability MSP provision apply (i.e., is the GHP primary based on age or disability entitlement)? 23. Does the working aged or disability MSP provision apply (i.e., is the GHP primary based on age or disability entitlement)? 20. Does the working aged or disability MSP provision apply (i.e., is the GHP primary based on age or dis		□ No; Stop. Medicare is Primary.			
15. Do you have your group health plan (GHP) coverage based on your own, or a family member's current employment? □ No; Stop. GHP is Primary during the 30 month coordination period. □ No; Stop. Medicare is Primary unless the patient answered "Yes" to questions 1 – 4 or 5 – 7. □ Yes 16. Does the employer that sponsors your GHP, employ 100 or more employees? □ No; Stop. Medicare is Primary unless the patient answered "Yes" to questions 1 – 4 or 5 – 7. □ No; Stop. Group Health Plan is Primary. Obtain the following information: □ Yes; Stop. Group Health Plan is Primary. Obtain the following information: □ Name, address and phone of GHP: □ Yes; Stop. GHP continues to pay Primary during the 30 ^m month coordination period. 23. Does the working aged or disability MSP provision apply (i.e., is the GHP primary based on age or disability entitlement)? □ No; Medicare continues to pay Primary. □ Yes; GHP continues to pay Primary during the 30 month	Primary unless the patient answered "Yes" to questions 1–4 or 5– 7. Do not proceed any further.				
more employees? Entitlement) based on ESRD? No; Stop. Medicare is Primary unless the patient answered "Yes; Stop. Group Health Plan is Primary. Obtain the following information: Name, address and phone of GHP: Image: Stop. GHP continues to pay Primary during the 30 th month coordination period. Policy ID Number: Image: Stop. Medicare continues to pay Primary during the 30 th month coordination period. Policy ID Number: Image: Stop. Medicare continues to pay Primary. Name of Policy Holder Relationship to Patient Image: No; Medicare continues to pay Primary during the 30 month coordination period. Image: No; Medicare continues to pay Primary. Image: No; Medicare program, and that such services include, but are not limited to the following: cosmetic surgery, dental care, take-home drugs, private duty nurses, custodial care, television, telephone, private room (unless medically necessary), personal convenience items, non-FDA approved medical devices.	 15. Do you have your group health plan (GHP) coverage based on your own, or a family member's current employment? □ No; Stop. Medicare is Primary unless the patient answered "Yes" to questions 1 – 4 or 5 – 7. 	period.	P is Primary during the 30 month coordination		
23. Does the working aged or disability MSP provision apply (i.e., is the GHP primary based on age or disability entitlement)? Policy ID Number: Group ID Number: Name of Policy Holder Relationship to Patient Vers; GHP continues to pay Primary during the 30 month coordination period. I understand that I am responsible for charges not covered by the Medicare program, and that such services include, but are not limited to the following: Cosmetic surgery, dental care, take-home drugs, private duty nurses, custodial care, television, telephone, private room (unless medically necessary), personal convenience items, non-FDA approved medical devices.	 more employees? No; Stop. Medicare is Primary unless the patient answered "Yes" to questions 1 – 4 or 5 – 7. Yes; Stop. Group Health Plan is Primary. Obtain the following information: 	Entitlement) based	l on ESRD? tlement based on age or disability. P continues to pay Primary during the 30 th		
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x	Cosmetic surgery, dental care, take-home drugs, private duty nurses, custo	program, and that such ser	vices include, but are not limited to the following:		
Patient or Representative / Relationship Witness Date	x	X	Data		