MEDICARE INSURANCE QUESTIONNAIRE

All doctors have been instructed to ask the following questions of all Medicare patients.

1. Do you or your spouse work for a company that provides you with the health insurance? Yes\_\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_
2. Are you entitled to Medicare because of End Stage Renal Disease? Yes\_\_\_\_\_\_\_\_\_No\_\_\_\_\_\_\_\_.
3. Is this illness or injury the result of an accident or other injury? Yes\_\_\_\_\_\_\_\_\_No\_\_\_\_\_\_\_\_\_.
4. Is this illness or injury the result of an accident or illness that occurred at work? Yes\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_.
5. Has the treatment for this accident or illness been authorized by the Veteran’s Administration? Yes\_\_\_\_\_\_\_\_\_No\_\_\_\_\_\_\_\_\_\_\_.
6. Are you entitled to any benefits under the Federal Black Lung Program? Yes\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_.
7. Do you have a Medicare Medigap Policy? Yes\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_
8. Do you have a Medicare Supplement Policy? (Policy provided by employer you retired from) Yes\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_

Signature of person completing form \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_