



MEDICARE SECONDARY PAYOR (MSP) QUESTIONNAIRE

PATIENT NAME _____ SPT ACCT. # _____

MEDICARE # (exactly as on Red-White-Blue Government Medicare Card) _____

Please read and respond to each of the following:

- 1. Have you received Home Health Care of any kind in the past 60 days? () Y () N**
If yes, please provide the name and phone number of the Home Health Agency?

Home Health Agency Name: _____

Agency Phone Number: _____

- 2. Was your illness/injury due to any of the following: () Y () N**
If yes, please indicate:

___ Work-Related

___ Automobile Accident

___ Accident on Property (other than your own, ex.: store, restaurant, etc.)

- 3. If Medicare coverage is due to age or disability, do you have group insurance coverage through another family member's current employer?**

___ Yes – the group insurance will be primary

___ No – Medicare will be primary

- 4. Do you have any benefits through TriCare (formerly Champus)? () Y () N**

Signature of Patient/Guardian **Date:** _____