



MEDICARE QUESTIONNAIRE

Patient name _____

MR# _____

Date _____

Medicare number _____

Admission date _____

Note: There may be situations where more than one insurer is primary to Medicare (e.g. automobile insurer and employee group health plan)

Are you entitled to Medicare because:

	Yes	No
1. You are 65 or older?		
2. You are disabled?		
3. You have end-stage renal disease?		
4. Has patient been undergoing kidney dialysis for more than 12 months or been entitled to Medicare for more than 12 months?		
5. Is the patient within a 12-month period as defined in 252.4?		
6. Are you or your spouse currently employed full- or part-time?		
7. Is this or any previous illness for which you have received medical treatment covered under any of the following government programs?		
a. Black-lung benefits?		
Name and address of federal black-lung program:		
Policy or identification number:		
8. Is the condition for which you are receiving treatment due to an accidental injury?		
Was it an auto accident?		
Policy or identification number:		
Name and address of automobile insurer:		
Was this work-related?		
Policy or identification number:		
Name and address of worker's compensation program:		
9. Was there another party responsible for this accident?		
Name and address of any liability insurer:		
10. Are you covered under any employer's health-benefits plan, either your own or that of your spouse or family member?		
Name and address of employee group health plan:		
Identification number:		
11. Lifetime bed reserve days		

Has the patient received any outpatient or partial hospital services within this last 24-hour period prior to admission? If yes, please let the type and place of service(s): _____

Informant name _____

Staff signature _____

Date/Time completed _____