

**KANSAS JOINT AND SPINE INSTITUTE, CHARTERED
MEDICARE SECONDARY PAYER QUESTIONNAIRE**

Medicare law requires that we determine if your medical services might be covered by another insurer. In order to assist us in the correct billing of these services, please answer the following questions:

Patient Name: _____ **Medicare #:** _____ **Date:** _____

Is your injury/illness due to a work-related accident/condition? **No** **Yes**, Name and address of Worker's Compensation plan: _____
Policy or ID#: _____ Accident date: _____

Is your injury/illness due to a condition covered under the Federal Black Lung Program? **No** **Yes**

Is your injury/illness due to an automobile accident? **No** **Yes**, Name and address of auto insurance: _____
Name of insured: _____
Policy or ID#: _____
Accident date: _____ Accident location: _____

Is your injury/illness due to an accident other than an auto accident? **No** **Yes**, Name and address of no-fault insurer: _____
Name of insured: _____ Policy or ID# _____
Accident date: _____ Accident location: _____

Is your injury/illness due to the fault of another party? **No** **Yes**, Name and address of No-fault insurer: _____
Name of insured: _____ Policy or ID# _____
Accident date: _____ Accident location: _____

Are you eligible for coverage under the Veterans' Administration? **No** **Yes**

Are you employed? **No** **Yes**, Employer name and address: _____

Do you have Employer Group Health Plan Coverage? **No** **Yes**, Insurer Name and Address: _____
Policy#: _____ Group #: _____

Is your spouse employed? **No** **Yes**, Spouse's name: _____
Employer name and address: _____

Are you covered under your spouse's employer group health plan? **No** **Yes**, insurer name and address: _____
Policy#: _____ Group #: _____

Are you a dependent covered under a parent's/guardian's employer group health plan? **No** **Yes**, employer name and address: _____
Insurer name and address: _____
Name of insured: _____ Policy#: _____ Group#: _____

The above information remains unchanged. Verified on:

