

Medicare Questionnaire

Are you currently employed yes / no

If married, is your spouse currently employed? yes / no / retired / deceased

If yes, where employed: _____

If retired: spouse's retired date: _____

Are you covered by another group health plan other than medicare yes/no

Is this visit associated with a work injury/illness yes / no

Is this visit associated with a non work related "accident" yes / no

Are you receiving black lung benefits yes / no

Are services to be paid by a government program, such as a research grant?
yes / no

Has the dept of veterans affairs agreed to pay for care at this facility
(VAMC) yes / no

Are you eligible for medicare because of disability yes / no

Are you eligible for medicare because of end stage renal disease yes / no

Have you been an inpt at hospital or skilled nursing in last 60 days yes/no

If yes, name of facility _____

Dates: _____ Length of stay _____

Name of person/relation providing information:

_____ Relationship: _____