

# 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: \_\_\_\_\_