

Medicare Secondary Payer (MSP) Questionnaire

To be completed in full for all registrants 65 years of age or older - or if under 65 and disabled.

Patient Name:

Date of Birth: / /

Are you currently employed?

No, currently not employed
No, never employed

No, retired (Date of retirement: / /)
Yes, currently employed

Employer:
Address:
City, State, Zip Code:

If married, is your spouse currently employed?

No, currently not employed - or no spouse
No, never employed

No, retired (Date of retirement: / /)
Yes, currently employed

Employer:
Address:
City, State, Zip Code:

Yes No

Are you covered by a group health plan?

- Does the employer that sponsors your group health plan
employ 100 or more persons?

Is this visit associated with a work injury or illness?

Is this visit associated with a non-work related accident?

Are you receiving Black Lung benefits?

Are services to be paid by a government program, such as a research grant?

Has the Department of Veterans Affairs agreed to pay for care at this facility?

Are you eligible for Medicare because of disability?

Are you eligible for Medicare because of end stage renal disease?

Have you been an inpatient in a hospital or skilled nursing facility during the
prior 60 days?

Name of facility:
Dates of stay from: to
Length of stay:

Information provided by:

Relationship to patient:

MSP Questionnaire completed by:

Date:

Interpreter Needed: Yes No

Race: American Indian / Alaska Native Native Hawaiian / Other Pacific Islander Unknown
Asian Other Race White
Black / African American

Ethnicity: Hispanic or Latino Non-Hispanic Unknown Last Updated: 10/03/2011