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Medicare Secondary Payer Questionnaire – Short Form

Instructions: Patients with Medicare must answer these questions before EVERY visit. If the answer is “Yes” to any of the below listed questions, have the patient complete the Medicare Secondary Payer Questionnaire – Long Form to help determine how services are to be billed.

Date of Service: _____

1. Are you a military Veteran?
 - a. Did the VA refer you here for treatment? Yes No
 - b. Does the patient have a VA “fee basis ID card”? Yes No

2. Are you receiving Black Lung Benefits? Yes No

3. Is this medical condition due to an accident of any kind? Yes No
 - a. If yes, was it:
 - o Work Related Yes No
 - o Automobile Accident Yes No
 - o Injured in own home Yes No
 - o Other: _____ Yes No

4. Are you covered by an employer’s health insurance plan through your own employment or that of a family member? (Not retiree coverage) Yes No

Signature of Patient or Parent/Legal Guardian

Date

Patient Name (Printed)

Parent/Legal Guardian Name (Printed)

Relationship to Patient