



Medicare/Retiree Questionnaire

Patient's Name: _____ 1st Date of Service: _____

	YES	NO
1. Are you eligible for Medicare?	_____	_____
2. Are you a Veteran?	_____	_____
If you answered yes, did the VA refer you for treatment?	_____	_____
If you answered yes, do you have a VA "fee basis" card?	_____	_____
3. Do you have a Federal Black Lung Card?	_____	_____
4. Have you had Home Health Care for any reason during the last 6 months? If yes, what was the date of discharge? Date: _____	_____	_____
5. Is this medical condition due to an accident?	_____	_____
If you answered yes, is the injury covered by Workers' compensation?	_____	_____
If you answered yes, is the injury covered under automobile no-fault insurance?	_____	_____
If you answered yes, is there liability coverage where you were injured?	_____	_____
Is anyone else liable for this injury? If yes, please explain.	_____	_____
6. Do you have other health insurance coverage?	_____	_____
If you answered yes, is it available based on either yours or your spouse's current employment?	_____	_____
If you answered yes, are there more than 20 employees employed by that company?	_____	_____

MEDICARE PATIENTS: This office accepts assignment. Medicare patients are responsible, however, for the annual deductible, as well as the 20% co-payment, unless you have secondary insurance that covers all or part of the 20% Medicare does not cover. Federal law requires that providers collect deductibles and co-payments.

Signature: _____ Date: _____