

SHEPHERD HOME HEALTH CARE, INC.

5455 Wilshire Blvd. #705
Los Angeles, CA 90036

PATIENT: _____

SOC Date: _____

MEDICARE SECONDARY PAYER SCREENING

PART I

1. Are you receiving Black Lung (BL) Benefits?
____ Yes; Date benefits began: _____ **BL IS PRIMARY PAYER ONLY FOR CLAIMS RELATED TO BL.**
____ No.
 2. Are the services to be paid by a government research program?
____ Yes. **GOVERNMENT RESEARCH PROGRAM WILL PAY PRIMARY BENEFITS FOR SERVICES.**
____ No.
 3. Has the Department of Veterans Affairs (DVA) authorized and agreed to pay for your care at this facility?
____ Yes. **DVA IS PRIMAR FOR THESE SERVICES.**
____ No.
 4. Was the illness/injury due to a work-related accident/condition?
____ Yes; Date of injury/illness: _____ Policy or identification number: _____
Name and address of workers' compensation plan (WC) plan: _____
Name and address of your employer: _____
- WC IS PRIMARY PAYER FOR CLAIMS FOR WORK-RELATED INJURIES OR ILLNESS, GO TO PART III.**
____ No. **GO TO PART II.**

PART II

1. Was illness/injury due to a non-work-related accident?
____ Yes; Date of accident: _____
____ No. **GO TO PART III.**
2. Is no-fault insurance available? (No-fault insurance is insurance that pays for health care services resulting from injury to you or damage to your property regardless of who is at fault for causing the accident.)
____ Yes; Insurance claim number(s): _____
Name and address of no-fault insurer(s) and no-fault insurance policy owner: _____
____ No.
3. Is liability insurance available? (Liability insurance is insurance that protects against claims based on negligence, inappropriate action or inaction, which results in injury to someone or damage to property.)
____ Yes. Insurance claim number(s): _____
Name and address of liability insurer(s) and responsible party: _____
____ No.

NO-FAULT INSURER IS PRIMARY PAYER ONLY FOR THOSE SERVICES RELATED TO THE ACCIDENT. LIABILITY INSURANCE IS PRIMARY PAYER ONLY FOR THOSE SERVICES RELATED TO THE LIABILITY SETTLEMENT, JUDGMENT, OR AWARD. GO TO PART III.

PART III

1. Are you entitled to Medicare based on:
____ Age. **Go to PARI IV.**
____ Disability. **Go to PART V.**
____ End-Stage Renal Disease (ESRD). **Go to PART VI.**

Please note that both "Age" and "ESRD" OR "Disability" and "ESRD" may be selected simultaneously. An individual cannot be entitled to Medicare based on "Age" and "Disability" simultaneously. Please complete ALL "PARTS" associated with the patient's selections.

PART IV – AGE

1. Are you currently employed?

Yes, Name and address of your employer: _____
 No, Check One: Never Employed If applicable, date of retirement: _____

2. Do you have a spouse who is currently employed?

Yes, Name and address of your spouse’s employer: _____
 No, Check One: Never Employed If applicable, date of retirement: _____

IF THE PATIENT ANSWERED “NO” TO BOTH QUESTIONS 1 AND 2, MEDICARE IS PRIMARY UNLESS THE PATIENT ANSWERED “YES” TO QUESTIONS IN PART I OR II. DO NOT PROCEED FURTHER.

3. Do you have group health plan (GHP) coverage based on your own or a spouse’s current employment?

Yes, Check One: Both. Self Only. Spouse Only.
 No, **STOP. MEDICARE IS PRIMARY PAYER UNLESS THE PATIENT ANSWERED “YES” TO QUESTIONS IN PART I**

OR II.

4. If you have GHP coverage based on your own current employment. does your employer that sponsors or contributes to the GHP employ 20 or more employees?

Yes, GHP IS PRIMARY. **OBTAIN THE FOLLOWING TNFORMATION.**

Name and address of GHP and policy identification number (this number is sometimes referred to as the health insurance benefit package number): _____

Group identification number: _____

Membership number (prior to the Health Insurance Portability and Accountability Act (HIPAA), this number was frequently the individual’s Social Security Number (SSN); it is the unique identifier assigned to the policyholder/patient): _____

Name of policyholder/named insured and relationship to patient: _____
 No.

5. If you have GHP coverage based on your spouse’s current employment, does your spouse’s employer, that sponsors or contributes to the GHP, employ 20 or more employees?

Yes, GHP IS PRIMARY. **OBTAIN THE FOLLOWING TNFORMATION.**

Name and address of GHP with policy identification number (this number is sometimes referred to as the health insurance benefit package number): _____

Group identification number: _____

Membership number (prior to HIPAA, this number was frequently the individual’s SSN; it is the unique identifier assigned to the policyholder/patient): _____

Name of policyholder/named insured and relationship to patient: _____
 No.

IF THE PATIENT ANSWERED “NO” TO BOTH QUESTIONS 4 AND 5, MEDICARE IS PRIMARY UNLESS THE PATIENT ANSWERED “YES” TO QUESTIONS IN PART I OR II.

PART V – DISABILITY

1. Are you currently employed?

Yes. Name and address of your employer: _____
 No, Check One: Never Employed If applicable, date of retirement: _____

2. Do you have a spouse who is currently employed?

Yes. Name and address of your spouse’s employer: _____
 No, Check One: Never Employed If applicable, date of retirement: _____

3. Do you have group health plan (GHP) coverage based on your own or a spouse’s current employment?

Yes, Check One: Both. Self Only. Spouse Only.
 No.

4. Are you covered under the GHP of a family member other than your spouse?

Yes, Name and address of your family member’s employer: _____
 No.

IF THE PATIENT ANSWERED “NO” TO QUESTIONS 1, 2, 3, AND 4, STOP. MEDICARE IS PRIMARY UNLESS THE PATIENT ANSWERED “YES” TO QUESTIONS IN PART I OR II.

. Representative Signature and Title: _____ Date _____