

Chart #: _____

LAWRENCE OTOLARYNGOLOGY ASSOCIATES, LLC
MEDICARE SECONDARY PAYOR QUESTIONNAIRE

Patient Name: _____

Date of birth: _____

- | | YES | NO |
|---|------------|-----------|
| 1. Are you a Veteran? | _____ | _____ |
| A. Did the VA refer you here for treatment? | _____ | _____ |
| B. Do you have a VA fee basis ID card? | _____ | _____ |
| 2. Do you have a Federal Black Lung card? | _____ | _____ |
| 3. Is this medical condition related to an accident of any kind? | _____ | _____ |
| If yes, was it: | | |
| Work related _____ | | |
| Auto _____ | | |
| Injured in own home _____ (do you: rent _____ own _____) | | |
| Other _____ | | |
| 4. Is the patient covered by an employer's health insurance plan through your own employment or that of a family member? (Not retiree coverage) | _____ | _____ |

Patient Signature

Date