

**MSP QUESTIONS REQUIRED BY MEDICARE**

**Please answer the following questions if you are a recipient of Medicare.**

1. Are you receiving Black Lung Benefits? **YES/NO**
  - a. If yes, what date did benefits begin: \_\_\_\_\_
  
2. Are services related to this visit being paid for by a Government Research Program? **YES/NO**
  
3. Has the Department of Veterans Affairs (DVQ) authorized and agreed to pay for your care at this facility? **YES/NO**
  
4. Was this illness/injury due to a work related incident? **YES/NO**
  
5. Are you entitled to Medicare benefits based on Age, Disability, or End Stage Renal Disease?
  - a. AGE: \_\_\_\_\_      DISABILITY: **YES/NO**      END STAGE RENAL DISEASE: **YES/NO**
  
6. Are you currently employed? **YES/NO**
  - a. Date of Retirement: \_\_\_\_\_
  
7. Do you have a spouse who is currently employed? **YES/NO**
  - a. Date of Retirement: \_\_\_\_\_
  
8. Are you a Hospice Patient? **YES/NO**
  - a. If yes, what is the Hospice company name: \_\_\_\_\_
  - b. Phone Number: \_\_\_\_\_
  
9. Are you a Home Health Care patient? **YES/NO**
  - a. If yes, what is the facility name: \_\_\_\_\_
  - b. Phone number: \_\_\_\_\_
  
10. Are you a Resident of a Skilled Nursing Facility? **YES/NO**
  - a. If yes, what is the Facility name: \_\_\_\_\_
  - b. Phone Number: \_\_\_\_\_