

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: _____