



**CaringEdge Hospice of Minot**  
**800 16th Avenue SE. Minot, ND 58701**  
**P: 888-223-4287 F: 701-354-7959**

Patient Name: \_\_\_\_\_  
 Medical Record No: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Today's Date: \_\_\_\_\_

## Medicare Secondary Payer Worksheet

### Section A

- 1) Are you receiving Black Lung (BL) Benefits?  
 Yes: Date benefits began: \_\_\_\_\_  No. Go to 2.  
 BL IS PRIMARY ONLY FOR CLAIMS RELATED TO BL.
- 2) Are the services to be paid by a government program such as a research grant?  Yes. Government program will be primary.  
 No. Go to 3.
- 3) Has the Department of Veterans Affairs (DVA) authorized to pay for care at this facility?  Yes. DVA is primary.  No. Go to 4.
- 4) Was the illness/injury due to a work related accident or condition?  Yes. Date of Injury/illness \_\_\_\_\_  
**Complete payer info.** Workers Comp. is primary payer only for claims related to the injury/illness that is work related.  No. Go to Section B.

### Section B

- 1) Was the illness/injury due to a non-work related accident?  Yes.  
 Date of accident: \_\_\_\_\_  No. Go to Section C.
- 2) What type of accident caused the illness/injury?  Automobile  
 Non-Automobile. **Complete payer info.** NO-FAULT INSURER IS PRIMARY PAYER ONLY FOR THOSE CLAIMS RELATED TO THE ACCIDENT. Go to Section C.  Other
- 3) Was another party responsible for this accident?  Yes. **Complete payer info.** LIABILITY INSURER IS PRIMARY ONLY FOR THOSE CLAIMS RELATED TO THE ACCIDENT.  No. Go to Section C.

### Section C

- 1) Are you entitled to Medicare based on:  Age. Go to Section D  
 Disability. Go to Section E.  ESRD. Go to Section F.

### Section D - Age

- 1) Are you currently employed?  Yes. **Complete Payer Info.**  No.  
 Date of Retirement: \_\_\_\_\_  No. Never employed
- 2) Is your spouse currently employed?  Yes. **Complete Payer info.**  
 No. Date of Retirement: \_\_\_\_\_  No. Never employed. IF THE PATIENT ANSWERED "NO" TO BOTH QUESTIONS 1 AND 2, MEDICARE IS PRIMARY. DO NOT PROCEED ANY FURTHER.
- 3) Do you have group health plan (GHP) coverage based on your own, or a spouse's, current employment?  Yes.  No. Stop. MEDICARE IS PRIMARY PAYER UNLESS THE PATIENT ANSWERED "YES" TO THE QUESTIONS IN SECTIONS A OR B.
- 4) Does the employer that sponsors your GHP employ 20 or more employees?  Yes. STOP. GHP is primary. **Complete payer info.**  
 No. STOP. MEDICARE IS PRIMARY PAYER UNLESS THE PATIENT ANSWERED "YES TO QUESTIONS IN SECTIONS A OR B.

### Section E - Disability

- 1) Are you currently employed?  Yes. **Complete Payer Info.**  No.  
 Date of Retirement: \_\_\_\_\_  No. Never employed
- 2) Is your spouse currently employed?  Yes. Complete Payer info.  
 No. Date of Retirement: \_\_\_\_\_  No. Never employed. IF THE PATIENT ANSWERED "NO" TO BOTH QUESTIONS 1 AND 2, MEDICARE IS PRIMARY. DO NOT PROCEED ANY FURTHER.
- 3) Do you have GHP Coverage based on your own, or a family member's current employment?  Yes.  
 No. STOP MEDICARE IS PRIMARY.

- 4) Are you covered under the GHP of a family member other than your spouse?  Yes. **Complete payer info.**  No.
  - 5) Does the employer that sponsors the GHP employ 100 or more employees?  Yes. STOP. GHP IS PRIMARY. **Complete payer info.**  No. STOP. MEDICARE IS PRIMARY.
- Section F – ESRD
- 1) Do you have GHP coverage?  Yes. **Complete payer info.**  No. STOP. MEDICARE IS PRIMARY
  - 2) Have you received a kidney transplant?  Yes. Date of Transplant: \_\_\_\_\_  No.
  - 3) Have you received maintenance dialysis treatments?  Yes. Date Began \_\_\_\_\_ . If you participated in a self-dialysis training program, provide date training started: \_\_\_\_\_ .  
 No.
  - 4) Are you within the 30-month coordination period that starts \_\_\_\_\_ ? (The coordination period-CP- starts the first day of the month an individual is eligible for Medicare, even if not yet enrolled. If the individual is participating in a self-dialysis training program or has a kidney transplant during the 3-month waiting period, the coordination period starts with the first day of the month of dialysis or kidney transplant)  
 Yes.  No. STOP. MEDICARE IS PRIMARY
  - 5) Are you entitled to Medicare on the basis of either ESRD and age or ESRD and disability?  Yes.  No.
  - 6) Was your entitlement to Medicare (including simultaneous or dual entitlement) based on ESRD?  
 Yes. STOP. GHP IS PRIMARY THROUGH 30M CP.  
 No. Initial entitlement based on age or disability.
  - 7) Does the working aged or disability MSP provision apply? (Is the GHP primarily based on age or disability entitlement)  
 Yes. GHP IS PRIMARY THROUGH 30M CP.  No. MEDICARE IS PRIMARY.

### PRIMARY PAYER INFORMATION

EMPLOYER (Patient): \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 EMPLOYER (Spouse): \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 INSURER/GHP: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 POLICY ID NUMBER: \_\_\_\_\_  
 GROUP ID NUMBER: \_\_\_\_\_  
 MEMBERSHIP NUMBER: \_\_\_\_\_  
 NAME OF POLICY HOLDER: \_\_\_\_\_  
 RELATIONSHIP TO PATIENT: \_\_\_\_\_