

MEDICARE SECONDARY PAYOR QUESTIONNAIRE

Have you ever worked in a coal mine? YES NO

Will this registration/admission be paid for by a research grant? YES NO

Have you ever been in the Military? YES NO

If YES, will VA benefits be paying for this service? YES NO

Is your illness/injury due to a work or non-work related accident?

Date of accident _____

If YES, please provide details of the accident _____

You are entitled to Medicare based on: (check one) AGE (over 65) _____

DISABILITY _____

ESRD (End Stage Renal Disease) _____

PLEASE COMPLETE APPLICABLE SECTION:

AGE Retirement Date/Last Date Worked _____

Place of Employment _____

Address _____

Spouse Retirement Date _____

Place of Employment _____

Address _____

DISABILITY Date of Disability _____

Place of Employment _____

Address _____

Spouse Place of Employment _____

Address _____

ESRD Have you ever had a kidney transplant? YES NO

Have you ever received maintenance dialysis treatments? YES NO

If YES, date began? _____

Have you participated in self-dialysis treatments? YES NO

If YES, date began? _____

Today's Date

Date of Birth

Print Name

Signature