



Medicare Coverage Information

Medicare Secondary Payer Questionnaire (MSPQ)

This form **MUST be completed**. Medicare regulations require the following information for EACH hospital visit. You may receive more than one of these forms, but they are not duplicates.

Account Number <i>(if known)</i>	Patient Name <i>(First, Middle, Last)</i>	Date <i>(Month DD, YYYY)</i>
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Instructions: Answer all appropriate questions and return form. Check and complete all that apply.

<input type="checkbox"/> Retirement date ____/____/____	<input type="checkbox"/> Kidney transplant date ____/____/____
<input type="checkbox"/> Disability date ____/____/____	<input type="checkbox"/> Date dialysis began ____/____/____
<input type="checkbox"/> Never worked	<input type="checkbox"/> Date of self-dialysis training ____/____/____
<input type="checkbox"/> Patient has a Medicare Advantage Plan (MAP)	

1. Who is completing this form? <i>Go to question 2, after checking applicable response.</i> <input type="checkbox"/> Patient. <input type="checkbox"/> Designee.
2. Spouse employment status, if applicable? <i>Go to question 3, after checking applicable response.</i> <input type="checkbox"/> Disability date ____/____/____ <input type="checkbox"/> Never Worked <input type="checkbox"/> Self-Employed <input type="checkbox"/> Employed <input type="checkbox"/> Not Married <input type="checkbox"/> Unemployed <input type="checkbox"/> Military (Active) <input type="checkbox"/> Widow/widower <input type="checkbox"/> Retired date ____/____/____
3. Are services authorized by the Department of Veterans Affairs (VA)? <input type="checkbox"/> No. Go to question 4. <input type="checkbox"/> Yes. Contact Registration if VA information has not been previously provided. Medicare is not billed. Go to question 10.
4. Are services to be paid by a government program such as a research grant? <input type="checkbox"/> No. Go to question 5. <input type="checkbox"/> Yes. Contact Registration if government program information has not been previously provided. Medicare is not billed. Go to question 10.
5. Is visit related to an illness/injury covered by Federal Black Lung (BL) program? <input type="checkbox"/> No. Go to question 6. <input type="checkbox"/> Yes. Date benefits began ____/____/____. Contact Registration if BL information has not been previously provided. Go to question 9.

Continue on back of form.

6.	Is visit related to an illness/injury covered by Workers' Compensation (WC)? <input type="checkbox"/> No. Go to question 7. <input type="checkbox"/> Yes. Date of injury ____/____/____. Contact Registration if WC information has not been previously provided. Go to question 9.
7.	Is visit due to a motor vehicle (MV) or other accident (OL)? <input type="checkbox"/> No. Go to question 9. <input type="checkbox"/> Yes. Date of accident ____/____/____. Go to question 8.
8.	Does the (MV/OL) policy have medical coverage? <input type="checkbox"/> No. Go to question 9. <input type="checkbox"/> Yes. Contact Registration if MV/OL information has not been previously provided. Go to question 9.
9.	Is Medicare coverage based on: <input type="checkbox"/> Age 65 or older. Go to question 12. <input type="checkbox"/> Disability. Go to question 12. <input type="checkbox"/> End Stage Renal Disease (ESRD). Go to question 12.
10.	Is the patient or spouse of patient (if applicable) actively employed? <input type="checkbox"/> No. STOP. Medicare is not billed, VA/Govt-Research Only. <input type="checkbox"/> Yes. Go to question 11.
11.	Is the patient covered under a Group Health Insurance Plan (GHIP)? <input type="checkbox"/> No. STOP. VA/Govt-Research Only. <input type="checkbox"/> Yes. STOP. Contact Registration if GHIP information has not been previously provided, VA/Govt-Research Primary.
12.	Is the patient or spouse of patient (if applicable) actively employed? <input type="checkbox"/> No. STOP. <input type="checkbox"/> Yes. Go to question 13.
13.	Is the patient covered under a Group Health Insurance Plan (GHIP)? <input type="checkbox"/> No. STOP. <input type="checkbox"/> Yes. Age, go to question 14. Disability, go to question 15. ESRD, go to question 16.
14.	Does employer have 20 or more employees? <input type="checkbox"/> No. STOP. <input type="checkbox"/> Yes. STOP. Contact Registration if GHIP information has not been previously provided.
15.	Does employer have 100 or more employees? <input type="checkbox"/> No. STOP. <input type="checkbox"/> Yes. STOP. Contact Registration if GHIP information has not been previously provided.
16.	Is the patient undergoing kidney dialysis for over 30 months since Medicare ESRD entitlement or had a kidney transplant greater than 30 months? <input type="checkbox"/> No. Contact Registration if GHIP information has not been previously provided, which is billed prior to Medicare. <input type="checkbox"/> Yes. Contact Registration if GHIP information has not been previously provided, which is last payer.

Insurance updates/changes/additions related to this visit can be faxed to Registration at +) 570-326-7200.

If you have any billing questions, please contact A@7 DMZST Patient Account Services at +) 570-326-7200.

Completed form can be returned in an envelope, faxed, or in an email. When faxing, include both sides of the form and any insurance information applicable (both sides). Email to info@onerehab.com

Richardson Office
Fax 469-458-2096

Thank you for entrusting your care to ONE Rehab and completing this form for your recent rehabilitation visit.