

Medicare Secondary Questions		
	Yes	No
1. Is the patient a Veteran?		
a. Did the VA refer you here for treatment?		
b. Does the patient have a VA "fee basis ID card"?		
2. Do you have a Federal Black Lung card?		
3. Is this medical condition due to an accident of any kind?		
If yes, was it: _____ Work related		
_____ Auto accident		
_____ Injured in own home		
_____ Other: _____		
4. Is the patient covered by an employer's health insurance plan through their own employment or that of a family member?		
(If any answer to questions 1a through 4 is YES, the corresponding section of the "Other Insurance" form must be filled out completely.)		

(TO BE COMPLETED BY ALL MEDICARE PATIENTS)

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