

**PETER B. LEWIS AQUATIC & THERAPY CENTER**  
**OUT PATIENT THERAPY SERVICES**  
**MEDICARE SECONDARY PAYOR QUESTIONNAIRE**

PART 1

1. Was the illness/injury due to a work related accident/condition covered by a Worker's Comp plan or the Federal Black Lung Program?
- Yes  
 Name and address of WC plan or Federal Black Lung Program  
 Client's policy and identification number: \_\_\_\_\_
- No, **Go to Part 2.**

PART 2

1. Was the illness/injury due to a non work related accident?
- Yes  
 No, **Go to Part 3**
2. What type of accident caused the illness/injury?
- automobile:  
 Name and address of insurer: \_\_\_\_\_  
 Insurance Claim Number: \_\_\_\_\_
3. Was another party responsible for this accident?
- Yes  
 Name and address of any liability insurer: \_\_\_\_\_  
 Insurance claim number: \_\_\_\_\_

**STOP: LIABILITY INSURER IS PRIMARY PAYOR**

PART 3

1. Is the patient aged 65 or over?
- Yes  
 No, **Go to Part 4**
2. Is the patient undergoing kidney dialysis for ESRD?
- Yes: **STOP: MEDICARE IS PRIMARY PAYOR**  
 No
3. Is the client employed and covered by the Employer's Group health Plan?
- Yes  
 Name and address of EGHP: \_\_\_\_\_  
 Client Identification number: \_\_\_\_\_
- STOP: EGHP IS PRIMARY PAYOR**
- No
4. Is the patient's spouse employed?
- Yes  
 No: **STOP: MEDICARE IS PRIMARY PAYOR**
5. Is the patient covered under the group health plan of the spouse's employer?
- Yes  
 Name and address of EGHP: \_\_\_\_\_  
 Client Identification number: \_\_\_\_\_
- STOP: EGHP IS PRIMARY PAYOR**
- No: **STOP: MEDICARE IS PRIMARY PAYOR**

PART 4

1. Is the client entitled to benefits solely on the basis of End Stage Renal Disease?  
 Yes  
 No: **GO TO PART V**
2. Is the client covered by and Employer Group Health Plan?  
 Yes  
Name and address of EGHP: \_\_\_\_\_  
Client Identification number: \_\_\_\_\_  
  
 No: **STOP: MEDICARE IS PRIMARY PAYOR**
3. Has the client been undergoing kidney dialysis for more than 12 months or has been entitled to Medicare for more than 12 months?  
 Yes: **STOP: MEDICARE IS PRIMARY PAYOR**  
 No

PART 5

1. Is the client a disabled Medicare beneficiary under the age of 65?  
 Yes: **STOP: MEDICARE IS PRIMARY PAYOR**  
 No:
2. Is the client covered by a Group health Plan based on the patient's own employment or employment of a spouse or parent?  
 Yes  
Name and address of EGHP: \_\_\_\_\_  
Client Identification number: \_\_\_\_\_  
**STOP: EGHP IS PRIMARY PAYOR**  
 No: **STOP: MEDICARE IS PRIMARY PAYOR**