Is there another insurance primary to Medicare? North Mississippi Medical Center strives to process your claim as quickly as possible. The following questions are used to determine if there is other coverage to be filed prior to filing to Medicare on your behalf.

Is this admission due to a work related accident/condition? Yes O No O Are these services the result of an automobile accident or an accident in which another party can be held liable? Yes O No O	Patient Employment status PT: Working Full time O Working, Part Time O Working, Self Emp O
If yes, please list details:	Name of employer: Disabled O
Date: Where, how, etc.:	Retired O Date of retirement:
Is the patient receiving Federal Black Lung benefits? Yes O No O Date benefits began:	Spouse: Working Full time O Working, Part Time O Working, Self Emp O
Are you involved in any other government program? (such as research grant) Yes O No O	Name of employer: Disabled O
Dept. of Veterans Affairs Has the Department of Veterans Affairs authorized and agreed to pay for care at this facility? Yes O No O	Retired O Date of retirement:

Patients 65+ Years Old	End Stage Renal Disease	Are you within the 30-month coordination
		period? Yes O No O Coordination
Do you have group health plan	Are you entitled to Medicare	of benefit date:
coverage based on your own or	based on End Stage Renal	
your spouse's current	Disease?	
employment?	Yes 🔾 No 🔾	Are you on Medicare based on ESRD and
Yes 🔾 No 🔾	If yes, date of diagnosis:	Age or ESRD and Disability?
		Yes O No O
Does the employer that		
sponsors your GHP employ	Have you had a kidney transplant?	Was your initial entitlement to
more than 20 employees?	Yes 🔾 No 🔾	Medicare based on ESRD?
Yes 🔾 No 🔾	If yes, when:	Yes O No O
Patients under 65 –		Does the working aged or disability MSP
Disability	Have you received maintenance	provision apply?
	dialysis treatments?	Yes O No O
Do you have group health plan	Yes O No O	
coverage based on your own,	Inception Date:	
or a family member's current		
employment?	Did you participate in a self-	
Yes 🔾 No 🔾	dialysis training program?	
Departies an allower that	Yes O No O	
Does the employer that	Date training started:	-
sponsors your GHP employ		
100 or more employees?		
Yes 🔾 No 🔾		