Conroe Surgery Center

Medicare Secondary Payer Questionnaire

(short form) (please use long form if any questions are answered YES)

1.	Are you currently residing in a skilled nursing facility, nursing home, or any other long-term care
	facility?no yes
2.	Are you receiving hospice benefits?noyes
3.	Are you receiving benefits from any of the following programs?
	a. Black Lungnoyes
	b. Research Grantnoyes
	c. Veteran Affairsnoyes
4.	Was the illness/injury due to a work related accident?noyes
5.	Was the illness/injury due to a non-work related accident?noyes
6.	Are you entitled to Medicare based on
	a. Age
	b. Disability
	c. ESRD
7.	Are you currently employed?noyes
8.	Is your spouse currently employed?noyes
9.	Do you have Group Health Plan coverage?noyes
10.	. Does the employer who sponsors your Group Health Plan coverage employ 20 or more
	employees?noyes
I confir	m that the above information is correct.
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