

Medicare Coverage Questionnaire

We must bill the correct insurer first. These questions tell us whether another plan should pay before Medicare. Please complete this at your first visit and tell us whenever your coverage, employment, or an injury claim changes. Your answers do not change your Medicare benefits.

PATIENT FULL LEGAL NAME

DATE OF BIRTH

TODAY'S DATE

MEDICARE NUMBER (from your red, white, and blue card)

MEDICARE ADVANTAGE PLAN, IF ANY

1 WHY YOU HAVE MEDICARE

☐ Age 65 or older ☐ Disability ☐ Kidney failure (end-stage renal disease)

IF KIDNEY FAILURE: DATE DIALYSIS BEGAN

DATE OF KIDNEY TRANSPLANT, IF ANY

2 INJURY OR ACCIDENT

Is today's visit for an illness or injury caused by your work?

☐ Yes ☐ No

Is it for an injury from a car or other vehicle accident?

☐ Yes ☐ No

Is it for another accident or injury where someone else may be responsible?

☐ Yes ☐ No

DATE OF INJURY

INSURANCE OR CLAIM COMPANY

CLAIM NUMBER

3 OTHER GOVERNMENT COVERAGE

Are you receiving Black Lung benefits?

☐ Yes ☐ No

Is the Department of Veterans Affairs authorizing and paying for this visit?

☐ Yes ☐ No

Is this visit part of a government research program?

☐ Yes ☐ No

4 EMPLOYMENT AND GROUP HEALTH COVERAGE

Are you currently employed?

☐ Yes ☐ No

Is your spouse currently employed?

☐ Yes ☐ No

Do you have health coverage through your own, your spouse's, or a family member's current employer or union?

☐ Yes ☐ No

If you answered yes to the last question:

EMPLOYER NAME

WHOSE JOB PROVIDES IT? (you / spouse / family member)

About how many people work for that employer?

☐ Fewer than 20 ☐ 20 to 99 ☐ 100 or more ☐ Unsure

Is that coverage...

☐ From current employment ☐ Retiree coverage ☐ COBRA ☐ Unsure

PLAN NAME

MEMBER ID

GROUP NUMBER

PATIENT NAME

DATE OF BIRTH

5 OTHER COVERAGE

Do you have any other coverage? ☐ Medicare supplement (Medigap) ☐ Idaho Medicaid ☐ TRICARE ☐ Other ☐ None

PLAN NAME

MEMBER ID

The information above is correct to the best of my knowledge. I will tell Hayton Primary Care if it changes.

PATIENT OR REPRESENTATIVE SIGNATURE

DATE

OFFICE USE ONLY

Medicare primary: ☐ Yes ☐ No — primary payer: _____ Verified by (date, initials): _____
Entered in eCW / billing (date): _____ Next full review due: _____

NOTICE OF AVAILABILITY OF LANGUAGE ASSISTANCE & AUXILIARY AIDS

Free language assistance services and auxiliary aids and services are available to you. This notice appears in English and in the fifteen languages most commonly spoken by individuals with limited English proficiency in Idaho.

English: ATTENTION: Language assistance services and auxiliary aids and services are available to you free of charge. Call (208) 247-4279.

Español (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (208) 247-4279.

繁體中文 (Chinese): 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 (208) 247-4279。

Srpski (Serbian): OBAVJEŠTENJE: Ako govorite srpski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite (208) 247-4279.

한국어 (Korean): 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. (208) 247-4279 번으로 전화해 주십시오.

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (208) 247-4279.

العربية (Arabic): ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (208) 247-4279.

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: (208) 247-4279.

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa (208) 247-4279.

Русский (Russian): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните (208) 247-4279.

Français (French): ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le (208) 247-4279.

日本語 (Japanese): 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。(208) 247-4279 まで、お電話にてご連絡ください。

Română (Romanian): ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la (208) 247-4279.

Ikirundi (Kirundi): ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona (208) 247-4279.

فارسی (Farsi): توجه: اگر به زبان فارسی گفتگو می‌کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می‌باشد. با (208) 247-4279 تماس بگیرید.

Українська (Ukrainian): УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером (208) 247-4279.

To request an interpreter, a document in another format (such as large print, braille, audio, or an accessible electronic format), or any other accommodation, call (208) 247-4279 or ask any staff member. There is never a charge for these services.