

PATIENT NAME: _____

MSP QUESTIONNAIRE

Is patient under 65?

Yes No

Is the patient eligible for Medicare based on disability? Yes No

Is the patient eligible for Medicare solely due to ESRD? Yes No

How many months has the patient been on dialysis? _____ Date Started: _____

Covered by government program/research grant?

Yes No

Covered by an HMO?

Yes No

Date Enrolled _____ Date Disenrolled _____ Name of HMO _____

Covered by Black Lung?

Yes No

Dept. of Labor Black Lung # _____

Covered by VA?

Yes No

Elects to take Medicare coverage instead of VA? Yes No

Covered by Workmen's Compensation?

Yes No

Name Insured/Name Insurance Co./address/phone/contact person/policy #/claim #: _____

Is illness/injury due to an accident that involves a motor vehicle?

Yes No

Does the patient own a car? _____ **If "Yes", always obtain patient's auto insurance information****

Was the patient a passenger, driver or pedestrian? _____

Date of accident/injury: _____ **(If patient passenger or pedestrian also get info on that car/driver)**

**Name Insured/Name Insurance Co./address/phone/contact person/policy #/claim #: _____

Name Insured/Name Insurance Co./address/phone/contact person/policy #/claim #: _____

Is illness/injury due to a NON motor vehicle accident?

Yes No

Date of accident/injury: _____ Was it reported? Yes No **(If "No", have patient report)**

Location (address) of accident/injury _____

Name Insured/Name Insurance Co./address/phone/contact person/policy #/claim #: _____

Patient filed/intends to file a lawsuit related to accident/injury listed above?

Yes No

Name/address/phone of attorney: _____

Is the patient employed?

Yes No

Covered by Group Health Plan? Yes No

Date of Retirement: _____

Is the patient married?

Yes No

Is the patient's spouse employed? Yes No

If No: Date of spouse's retirement: _____

Is patient covered by a Group Health Plan via spouse, parent or guardian?

Yes No

Name Insured/Name Insurance Co./address/phone/contact person/policy #/cert #: _____

Intake Coordinator Signature: _____ Date: _____