

Chart #: \_\_\_\_\_

LAWRENCE OTOLARYNGOLOGY ASSOCIATES, LLC  
MEDICARE SECONDARY PAYOR QUESTIONNAIRE

Patient Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

- |   | <b>YES</b> | <b>NO</b> |
|---|------------|-----------|
| 1. Are you a Veteran?   | _____      | _____     |
| A. Did the VA refer you here for treatment?   | _____      | _____     |
| B. Do you have a VA fee basis ID card?  | _____      | _____     |
| 2. Do you have a Federal Black Lung card?   | _____      | _____     |
| 3. Is this medical condition related to an accident of any kind?  | _____      | _____     |
| If yes, was it:   |            |           |
| Work related _____  |            |           |
| Auto _____  |            |           |
| Injured in own home _____ (do you: rent _____ own _____)  |            |           |
| Other _____   |            |           |
| 4. Is the patient covered by an employer's health insurance plan through your own employment or that of a family member? (Not retiree coverage) | _____      | _____     |

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date