



Franciscan ST. JAMES HEALTH

MEDICARE QUESTIONNAIRE

PART I

1. Are you receiving Black Lung Benefits? _____
2. The date Black Lung Benefits began? _____
3. Are services to be paid by Government Programs such as a Research Program?

4. Has the Department of Veterans Affairs authorized/ agreed to pay for your care at this facility? _____
5. Was your illness/injury due to a work-related accident/condition? _____
6. Date of Illness/Injury? _____

PART II

1. Was your illness/injury due to a non-work related accident? _____
2. Date of Accident? _____
3. What type of accident caused the illness/injury? _____
4. Was another party responsible for this accident? _____

PART III

1. Are you entitled to Medicare based on : (Circle One)
 - Age
 - Disability
 - ESRD (End Stage Renal Disease)

PART IV

1. Are you currently employed? _____
2. Date of Retirement? _____
3. Is your spouse employed? _____
4. Spouse's date of retirement? _____
5. Do you have GHP (Group Health Plan) coverage based on your spouse's employment?

6. Does employer with Group Health Plan employ 20 + employees? _____

Patients Signature: _____ Date: _____