



UNIVERSITY ORTHOPAEDIC CLINIC  
— ORTHOPAEDIC · SPINE · SPORTS MEDICINE —

**MEDICARE INSURANCE INFORMATION QUESTIONNAIRE**

Medicare requires that information be obtained to determine if there is another payer responsible for benefits.

Patient's Name \_\_\_\_\_ Medical Record # \_\_\_\_\_

Medicare # \_\_\_\_\_ DOB \_\_\_\_\_ Date \_\_\_\_\_

Please answer the following questions:

- 1, Are you entitled to Medicare solely on the basis of End Stage Renal Disease? Y N
- 2, Do you have any conditions related to Black Lung Disease? Y N
- 3, Are you entitled to Medicare solely due to disability? Y N
- 4, Are you currently working? Y N
- 5, Is your spouse working? Y N
- 6, Do you have insurance coverage through your employment, or through your spouse's employment? Y N

If YES, please provide the following:

Name of Insurance \_\_\_\_\_

Policy # \_\_\_\_\_

How many employees does your company have? Less than 20 \_\_\_\_ 20-99 \_\_\_\_ 100+ \_\_\_\_

- 7, Is your accident, injury, or condition job-related? Y N

If YES, please provide the following:

Name of Employer \_\_\_\_\_

Worker's Compensation Insurance Co. \_\_\_\_\_

Date of Accident \_\_\_\_\_

- 8, Is your illness or injury due to automobile or other accident? Y N

If YES, please provide the following:

Name of Auto, or other Accident Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

- 9, Do you have a Supplemental (Medigap) Insurance Plan which pays secondary to Medicare? Y N

If YES, please provide the following:

Name of Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Patient Name \_\_\_\_\_ Medical Record # \_\_\_\_\_

**TO ALL MEDICARE PATIENTS:**

It is very important to know if you have the traditional Original Medicare plan or if you have changed to one of the new private Medicare plans so we can give you the most accurate information regarding benefits on any current or future treatment.

Check the appropriate box:

Do you currently have Original Medicare insurance?  Y  N

Have you completed a new application, spoken to someone about enrolling in a private Medicare plan or actually enrolled in a new private Medicare plan?  Y  N

If yes, which plan \_\_\_\_\_

Some of the newer plans are:

- |                         |                                |
|-------------------------|--------------------------------|
| Blue Advantage          | First Seniority                |
| Secure Horizons         | Marquette Life/Today's Options |
| Humana-Medicare         | Unicare Life                   |
| Aetna-Medicare          | Highmark                       |
| Healthsprings Advantage | Tenet Choices                  |
| WellCare                | Scan Health                    |
| Advantra Freedom        |                                |

I currently have Original Medicare Coverage with the government and have not switched to one of the new private Medicare Plans

\_\_\_\_\_ Date \_\_\_\_\_

I have enrolled (or will be enrolling) in a new private Medicare plan and am giving you my new card today and/or am providing you with my new contract #.

\_\_\_\_\_ Date \_\_\_\_\_

New Medicare Plan Name \_\_\_\_\_

Contract # \_\_\_\_\_ Effective Date \_\_\_\_\_

UOC Representative \_\_\_\_\_ Date \_\_\_\_\_