FEIGENBAUM NEUROSURGERY

Frank Feigenbaum, M.D., FAANS, FACS

MEDICARE SECONDARY PAYER QUESTIONNAIRE

(To be completed for all Medicare patients)

NAME_____

DOB_____

(If any answer to questions 1a through 4 is yes, the corresponding section of "Other Insurance" form must be filled out completely)

	YES	NO
1. Is the patient a Veteran?	____	____
a. Did the VA refer you here for treatment?	____	____
b. Does the patient have a VA "fee basis ID card"?	____	____
2. Do you have a Federal Black Lung Card?	____	____
3. Is this medical condition due to an accident of any kind?	____	____

If yes, was it: Work Related_____ Auto_____

Injured in own home_____ Other_____

Is the patient covered by an employer's health insurance plan through their own employment or that of a family member? (NOT retiree coverage) ____ ____

SIGNATURE_____

DATE_____

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