

CAROLINA REGIONAL CANCER CENTER

Determination of Primary Insurance when Patient Is Entitled to Medicare Part B

Medicare will be primary when a patient with Medicare Part B has no other insurance, has a supplemental insurance, has Medicaid in addition to Medicare, and/or is in one of the following situations:

Please place a check mark in the box next to **ONE** statement of the following that is true for you:

- 1. I am 65 or older, fully retired, and my spouse is also fully retired. Medicare is primary.
Date of retirement _____ Date of spouse's retirement _____
- 2. I am 65 or older, fully retired, and my spouse works for a company with LESS than 20 employees. Medicare is primary for me.
- 3. I am 65 or older and work full-time or part-time for a company with LESS than 20 employees. Medicare is primary.
- 4. I am under 65, am disabled, and I do not have primary coverage with a Large Group Health Plan because I do not have nor does a family member have "current employment status."* Medicare is primary.
- 5. I am a veteran entitled to Medicare, and I may choose either the VA or Medicare to be responsible for payment of services covered by both programs.
 - A. If I choose Medicare, Medicare is primary for me. It is not necessary to submit a claim to the VA for denial before sending to Medicare.
 - B. If I choose the VA, Medicare is secondary, and all hospital services must be pre-authorized by the VA.

Medicare will be Secondary Payer for a patient with Medicare Part B when:

- 1. I am 65 or older, fully retired, and my spouse works for a company with MORE than 20 employees. Medicare is secondary for me.
- 2. I am 65 or older and work full time or part time for a company with MORE than 20 employees. Medicare is secondary for me.
- 3. I am under 65, am disabled, and I have primary coverage through a Large Group Health Plan. Medicare is secondary for me.
- 4. I have End Stage Renal Disease. My Medicare coverage began _____ .
Medicare is secondary for me for the first 18-month or 30-month coordination period.
- 5. I am entitled to Black Lung benefits. Medicare is secondary for me only for treatment of lung conditions caused by mining.
- 6. I was injured in an accident: Auto Work Home Other _____
Detailed billing information will be requested separately. Medicare is secondary for me.

*"Current Employment Status" means that an individual is actively working as an employee, is the employer, or is associated with the employer in a business relationship.

By completing this questionnaire and signing below I acknowledge that Carolina Regional Cancer Center has made a good faith effort to determine whether any other insurance is primary to any Medicare coverage I may have.

Beneficiary's Name (print)

Date _____ Beneficiary's Signature _____