MAYO CLINIC

Medicare Coverage Information

Medicare Secondary Payer Questionnaire (MSPQ)

This form MUST be completed. Medicare regulations require the following information for EACH hospital visit. You may receive more than one of these forms, but they are not duplicates.

Mayo Clinic Number	Patient Name *(First, Middle, Last)*	Date *(Month DD, YYYY)*

Instructions: Answer all appropriate questions and return form. Check and complete all that apply.

- ☐ Retirement date _____/_____/_____
- ☐ Disability date _____/_____/_____
- ☐ Never worked
- ☐ Patient has a Medicare Advantage Plan (MAP)
- ☐ Kidney transplant date _____/_____/_____
- ☐ Date dialysis began _____/_____/_____
- ☐ Date of self-dialysis training _____/_____/_____

1. Who is completing this form? *Go to question 2, after checking applicable response.*
   - ☐ Patient.
   - ☐ Designee.

2. Spouse employment status, if applicable? *Go to question 3, after checking applicable response.*
   - ☐ Disability date _____/_____/_____
   - ☐ Never Worked
   - ☐ Self-Employed
   - ☐ Employed
   - ☐ Not Married
   - ☐ Unemployed
   - ☐ Military (Active)
   - ☐ Widow/widower
   - ☐ Retired date _____/_____/_____

3. Are services authorized by the Department of Veterans Affairs (VA)?
   - ☐ No. Go to question 4.
   - ☐ Yes. Contact Registration if VA information has not been previously provided. Medicare is not billed. Go to question 10.

4. Are services to be paid by a government program such as a research grant?
   - ☐ No. Go to question 5.
   - ☐ Yes. Contact Registration if government program information has not been previously provided. Medicare is not billed. Go to question 10.

5. Is visit related to an illness/injury covered by Federal Black Lung (BL) program?
   - ☐ No. Go to question 6.
   - ☐ Yes. Date benefits began _____/_____/_____. Contact Registration if BL information has not been previously provided. Go to question 9.

Continue on back of form.

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Applies to Mayo Clinic locations in Arizona, Florida, and Rochester.

6. Is visit related to an illness/injury covered by Workers' Compensation (WC)?
   - ☐ No. Go to question 7.
   - ☐ Yes. Date of injury _____/_____/_____. Contact Registration if WC information has not been previously provided. Go to question 9.

7. Is visit due to a motor vehicle (MV) or other accident (OL)?
   - ☐ No. Go to question 9.
   - ☐ Yes. Date of accident _____/_____/_____. Go to question 8.

8. Does the (MV/OL) policy have medical coverage?
   - ☐ No. Go to question 9.
   - ☐ Yes. Contact Registration if MV/OL information has not been previously provided. Go to question 9.

9. Is Medicare coverage based on:
   - ☐ Age 65 or older. Go to question 12.
   - ☐ Disability. Go to question 12.
   - ☐ End Stage Renal Disease (ESRD). Go to question 12.

10. Is the patient or spouse of patient (if applicable) actively employed?
    - ☐ No. STOP. Medicare is not billed, VA/Govt-Research Only.
    - ☐ Yes. Go to question 11.

11. Is the patient covered under a Group Health Insurance Plan (GHIP)?
    - ☐ No. STOP. VA/Govt-Research Only.
    - ☐ Yes. STOP. Contact Registration if GHIP information has not been previously provided, VA/Govt-Research Primary.

12. Is the patient or spouse of patient (if applicable) actively employed?
    - ☐ No. STOP.
    - ☐ Yes. Go to question 13.

13. Is the patient covered under a Group Health Insurance Plan (GHIP)?
    - ☐ No. STOP.
    - ☐ Yes. Age, go to question 14.
      Disability, go to question 15.
      ESRD, go to question 16.

14. Does employer have 20 or more employees?
    - ☐ No. STOP.
    - ☐ Yes. STOP. Contact Registration if GHIP information has not been previously provided.

15. Does employer have 100 or more employees?
    - ☐ No. STOP.
    - ☐ Yes. STOP. Contact Registration if GHIP information has not been previously provided.

16. Is the patient undergoing kidney dialysis for over 30 months since Medicare ESRD entitlement or had a kidney transplant greater than 30 months?
    - ☐ No. Contact Registration if GHIP information has not been previously provided, which is billed prior to Medicare.
    - ☐ Yes. Contact Registration if GHIP information has not been previously provided, which is last payer.

Insurance updates/changes/additions related to this visit can be done through Patient Online Services at www.mayoclinic.org/onlineservices/ or contact Registration at 507-284-3350.

If you have any billing questions, please contact Mayo Clinic Patient Account Services at 800-660-4582.

Completed form can be returned in the envelope provided or faxed. When faxing, include both sides of the form and any insurance information applicable (both sides).

Arizona Visit	Florida Visit	Rochester Visit
Fax 480-301-8009	Fax 904-956-0010	Fax 507-255-1728

Thank you for entrusting your care to Mayo Clinic and completing this form for your recent hospital visit.