FOR OFFICE USE ONLY:
☐ **Check if the information below is different than CWF On-line3 Medicare Screen.**

MEDICARE ELIGIBILITY QUESTIONNAIRE

Name (Last, First): _____ **DOB:** _____ **MR #:** _____

As a direct result of mandated Medicare Secondary Payer (MSP) regulations, we are required to gather the following information to determine if Medicare is your primary insurance. Please answer the following questions regarding your Medicare eligibility.

PART I: Are you entitled to Medicare benefits because of:

1. Your age? ☐Yes ☐ No
2. A Disability? ☐Yes ☐ No
3. End Stage Renal Disease (ESRD)? If Yes, Please complete Part V. ☐Yes ☐ No

Date of Medicare Eligibility:_____/_____/_____

PART II: Are the services you are seeking related to:

1. Black Lung? ☐Yes ☐ No
   Note: Black Lung is primary only for claims related to Black Lung
2. Veteran's Administration Program? ☐Yes ☐ No
   Note: Department of Veteran's Administration is primary for these services.
3. Government Program or Research Grant? ☐Yes ☐ No
   Note: Government Program is primary for these services.
4. Accidental Injury? Date: _____/_____/_____ ☐Yes ☐ No
   Cause of Injury: ☐ Automobile ☐ Liability ☐ Worker's Comp
   If Yes, please complete insurance information in Part VI below.

PART III: Employment - Self

- Are you employed? ☐ Yes ☐ No If No, indicate Retirement Date: _____/_____/_____
- If Yes, are you covered under your employer's Group Health Plan (GHP)? ☐ Yes ☐ No
  If yes, does your employer have at least 20 employees? ☐ Yes ☐ No
  If yes, does your employer have at least 100 employees? ☐ Yes ☐ No

If yes to any of the above questions, please complete insurance information in Part VI below.

PART IV: Employment – Spouse or Other Family Member ☐ Not Applicable

- Is your spouse employed? ☐ Yes ☐ No If No, indicate Retirement Date: _____/_____/_____
- If Yes, are you covered under your spouse's employer Group Health Plan (GHP)? ☐ Yes ☐ No
  If yes, does the employer have at least 20 employees? ☐ Yes ☐ No
  If yes, does the employer have at least 100 employees? ☐Yes ☐ No
- Are you covered under a family member's GHP (other than spouse)? ☐Yes ☐ No
  If yes, does the employer have at least 20 employees? ☐Yes ☐ No
  If yes, does the employer have at least 100 employees? ☐Yes ☐ No

If yes to any of the above questions, please complete insurance information in Part VI on next page.

MEDICARE ELIGIBILITY QUESTIONNAIRE

PART V: For End Stage Renal Disease (ESRD) Only

- Are you entitled to Medicare on the basis of either ESRD and age, or ESRD and Disability? ☐ Yes ☐ No
  If No, Group Health Plan is primary during the 30 month coordination period.
- Are you within the 30 month coordination period? ☐ Yes ☐ No
- Have you received a kidney transplant? ☐ Yes ☐ No
  If Yes, Date of Transplant: _____/_____/_____
- Have you received maintenance dialysis treatments? ☐ Yes ☐ No
  If Yes, Date Dialysis began: _____/_____/_____
- Was your initial entitlement to Medicare (including simultaneous entitlement) based on ESRD? ☐ Yes ☐ No
  If No, initial entitlement based on age or Disability applies.

PART VI: Group Health Plan or Other Insurance Information

- Name & Address of Insurance Company:
  _____
  _____
  _____
- Insurance Company Phone Number / Name of Contact:
  _____
- Name of Policy Holder:
  _____
- Relationship to Policy Holder: _____ Policy Number / Group Number: _____
- Policy Holder's Employer's Name & Address:
  _____
  _____
  _____
- Other Insurance Information:
  _____
  _____
  _____

Signature: _____ Date:_____

Physical therapy/occupational therapy/speech-language pathology services

Medicare Part B (Medical Insurance) helps pay for medically necessary outpatient physical and occupational therapy, and speech-language pathology services. There are limits on these services when you get them from most outpatient providers. These limits are called “therapy caps” or "therapy cap limits."

The therapy cap limits for 2017 are:

- $1,980 for physical therapy (PT) and speech-language pathology (SLP) services combined
- $1,980 for occupational therapy (OT) services

You may qualify for an exception to the therapy cap limits. If so, Medicare will continue to pay its share for your therapy services after you reach the therapy cap limits. Your therapist or therapy provider must:

- Establish your need for medically reasonable and necessary services and document this in your medical record
- Indicate on your Medicare claim for services above the therapy cap that your outpatient therapy services are medically reasonable and necessary

As part of the exceptions process, there are additional limits (called “thresholds”). If you get outpatient therapy services higher than the threshold amounts, a Medicare contractor may review your medical records to check for medical necessity. The threshold amounts for 2017 are:

- $3,700 for PT and SLP combined
- $3,700 for OT

In general (when an exceptions process is in effect), Medicare will continue to cover its share above the $1,980 therapy cap limits if these apply:

- Your therapist or therapy provider provides documentation to show that your services were medically reasonable and necessary
- Your therapist or therapy provider that your services were medically reasonable and necessary on your claim

For more information, please visit
www.medicare.gov