



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

**Medicare wants to know which ONE statement is true for YOU:**

I am **OVER** 65, and:

- \_\_\_\_\_1) I am fully retired (if married spouse is also retired) Medicare is **Primary** for me.
  
- \_\_\_\_\_2) I or my spouse work full or part-time for a company with:
  - \_\_\_\_\_a) LESS than 20 employees. Medicare is **Primary** for me.
  - \_\_\_\_\_b) MORE than 20 employees. Medicare is **Secondary** for me.

I am **UNDER** 65, DISABLED, and:

- \_\_\_\_\_3) Neither my spouse nor I are employed Medicare is **Primary**
  
- \_\_\_\_\_4) I or my spouse carry health care coverage through a Large Group Health Plan with 100 employees or more:
  - \_\_\_\_\_a) yes. Medicare is **Secondary** for me
  - \_\_\_\_\_b) no. Medicare is **Primary** for me.

Please check any conditions that apply:

- \_\_\_\_\_ I have End Stage Renal Disease Medicare is **Secondary** for me.
- \_\_\_\_\_ I am entitled to Black Lung Benefits. Medicare is **Secondary** for me.
- \_\_\_\_\_ I am entitled to Veteran's Adm. Benefits. Medicare is **Secondary** for me.
- \_\_\_\_\_ COBRA Benefits apply. Medicare is **Secondary** for me.
  
- \_\_\_\_\_ I was injured in an accident. Medicare is **Secondary** for me.
  - Type of Accident: \_\_\_\_\_Auto \_\_\_\_\_Work Related \_\_\_\_\_Other
  - Date of Accident: \_\_\_\_\_ Description: \_\_\_\_\_

If none of the above describes your situation, please explain:

HMO Medicare Product

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