



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

Print name of Patient

Date

Signature of Patient