



Neurology & Neuroscience

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... Medicare is Primary for me.
2) I or my spouse work full or part-time... Medicare is Primary or 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... Medicare is Secondary or 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