

Patient Name: _____ Date: _____

Questions to ask Medicare Beneficiaries age 65 or over:

1. Are you currently working full or part-time? _____
2. Are you married, and is your spouse currently working full or part time? _____
 - a. If yes, How many employees does your employer or your spouse's employer have?

3. Are you covered under an employer group health plan based on your current employment or the current employment of your spouse? _____

If yes, please provide the following information:

- a. Name of insured, relationship to patient (self, spouse); _____

 - b. Name and address of employer: _____

 - c. Name and address of insurer, underwriter, third party administrator, HMO, etc.;

 - d. Group identification number; _____
 - e. Policy identification number. _____
4. Are you entitled to black lung medical benefits? _____
 5. Are the services to be paid by a government program such as a research grant? _____

Patient's Signature: _____ Date: _____

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