Patient Name:____Date:____________

Questions to ask Medicare Beneficiaries under age 65:

1. Have you received a kidney transplant? If yes, date:______________________________

2. Have you received maintenance dialysis treatments? If yes, date dialysis began:______

If either of the above questions are answered YES, have the beneficiary supply information to the questions in Section A.

If the beneficiary answers NO the above questions, ask those questions listed in Section B.

<u>Section A</u>

1. Are you covered under an employer group health plan through your current or former employment, or through the current or former employment of your spouse of other family member?____

   If yes, provide the following:

   a. Name of insured, relationship to patient (self, spouse, or other family member);
   ____

   b. Name and address of the employer;_____________________________________
   ____
   ____

   b. Name and address of the insurer, underwriter, third party administrator, HMO, etc.
   ____
   ____
   ____

   d. Group identification number; _________________________________

   e. Policy identification number.________________________________

2. Are you entitled to black lung medical benefits?_________________________

3. Are services to be paid by a government program such as a research grant?__________

Patient Name:____Date:____________

Section B

1. Are you currently working full or part-time?______________________________

2. Are you married and is your spouse currently working full or part-time?____________

   If yes, how many employees does your employer or your spouse's employer have?________

   If the employer has 100 or more employees, please provide the following:

   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.__________________________

3. Are you entitled to black lung medical benefits?__________________________

4. Are the services to be paid by a government program such as a government research grant?
   ____

Patient's Signature:____Date:____________

AO93-004