

**Madison Family Clinic**  
**2161 Lexington Road 1<sup>st</sup> Fl., Ste. 5**  
**Richmond, Ky 40475**  
**859-626-7794**

**page 1**  
**Date:**

**Medicare MSP Inquiry Form**      **Patient Name:** \_\_\_\_\_

Please answer the following questions in order to process your Medicare claims correctly.

1. Is there another insurance primary over Medicare?  
Yes or No.

If the answer to question #1 is No, please do not proceed.

2. Is the primary insurance through you or your spouse? \_\_\_\_\_
3. Is the primary insurance holder currently employed? Yes or No
4. Is the primary insurance through group health coverage with the employer? Yes or No
5. Does the employer employ 100 or more employees?  
Yes or No
6. Is the primary insurance holder retired or disabled?  
Yes or No?
7. If not employed, is the primary insurance holder's insurance through a previous employer with group health coverage?  
Yes or No
8. Is the primary insurance holder's insurance through retired military? Yes or No
9. Is this visit related to Worker's Comp, Motor Vehicle Accident, or any other Accident? Yes or No

Thank you for your time. If you have any questions, please ask for Kristina.

**MSP Medicare Questionnaire**

I attest to the information on page 1 that it is correct for today's visit.

**DOS**

**Patient Signature**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_
15. \_\_\_\_\_
16. \_\_\_\_\_
17. \_\_\_\_\_