

**Braaten Health; REM Center Moline; Midwest Therapy Centers;  
East Davenport, West Davenport, Moline, Clinton; Eastern IA Rehab Clinic**

**Medicare Primary Payor Questionnaire**

Do you receive Medicare benefits due to being:  65 or older;  Disable;  Other: \_\_\_\_\_

Are you currently working full time or part-time?                      Yes                      No

If married, is your spouse working full or part-time?                      Yes                      No

Are you currently under any employer group health plan?                      Yes                      No

**If YES, please provide the following information:**

    Name of insured: \_\_\_\_\_

    Relationship to Patient: \_\_\_\_\_

    Name of Employer: \_\_\_\_\_

    Name of Carrier: \_\_\_\_\_

    Policy/Group #: \_\_\_\_\_

    Does your employer have less than 20 employees?                      Yes                      No

    Does your employer have more than 100 employees?                      Yes                      No

Are you entitled to Black Lung Benefits?                      Yes                      No

Is this service for treatment work related?                      Yes                      No

Is this service for treatment related to an auto injury?                      Yes                      No

Are benefits for services being submitted to any other party  
for reimbursement consideration?                      Yes                      No

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Patient