

**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**