We are required by Medicare to collect this information on you.

Patient Name _____ Medicare # _____

1. Are you receiving any Black Lung benefits? ( ) YES ( ) NO

2. Are you receiving any VA benefits? ( ) YES ( ) NO

3. Is your visit today due to an accident? ( ) YES ( ) NO

4. Are you entitled to Medicare based on (check all that apply)?

    ( ) age ( ) disability ( ) end stage renal disease

5. Are you employed? ( ) YES ( ) NO

    If retired, retirement date_____

6. Do you have a living spouse? ( ) YES ( ) NO

7. Is your spouse employed? ( ) YES ( ) NO