

Name:_____ D.O.B.:_____ Date:_____

Medicare Questionnaire (MSPQ)

Part I:

1. Are you receiving Black Lung (BL) Benefits? ____YES ____NO
2. Are the services to be paid by a government research program? ____YES ____NO
3. Are you entitled to benefits through the Department of Veterans Affairs (DVA)?
____YES ____NO
4. Was the illness/injury due to a work-related accident/condition? ____YES ____NO

Part II:

1. Was the illness/injury due to a non-work-related accident? ____YES ____NO

Part III:

1. Are you entitled to Medicare based on Age? ____YES ____NO
2. Are you entitled to Medicare based on disability? ____YES ____NO
3. Are you entitled to Medicare based on End-Stage Renal Disease? ____YES ____NO

Part IV:

1. Are you currently employed? ____YES ____NO
2. Do you have a spouse who is currently employed? ____YES ____NO
3. Do you have a group health plan (GHP) coverage based on your own current employment? ____YES ____NO
4. Do you have a group health plan (GHP) coverage based on your spouse's current employment? ____YES ____NO
5. Does your employer that sponsors or contributes to the GHP employ 100 or more employees? ____YES ____NO