



MEDICARE SECONDARY CLAIM DEVELOPMENT QUESTIONNAIRE

The Secondary Claim Development (SCD) Questionnaire is a Medicare Secondary Payer (MSP) Questionnaire is used to obtain information about other Insurers that may pay before Medicare. The form essentially asked:

- If you have other health care coverage based upon your current employment.
- If you are receiving Black Lung Benefits, Worker’s Compensation Benefits or treatment for an injury or illness for which another party could be held liable or are covered under an automobile no-fault insurance claim.
- If you have other health care coverage based upon a family member’s current employment.

If, you have NOT PREVIOUSLY completed this form OR there has been a CHANGE IN THE STATUS of your coverage since the first time the form was completed and you are now receiving ANY of the following:

- Black Lung Benefits
- Worker’s Comp Benefits
- Covered for an injury or illness by another party or no fault auto insurance claim

Please complete the Medicare Payer Questionnaire Form, in its entirety. If there have been no changes since your original form, please sign and date below.

Signature of Patient

Date

Date of Birth

