Karan S. Bhalla, MD, Amita S. Bhalla, MD
Andres F. Vasquez, MD, Angela B. Shiue, MD
5413 Crenshaw Rd, Suite 400 Pasadena, TX 77505
Phone (713) 943-2800 Fax (713) 943-2801

Medicare Secondary Payer Questionnaire

Patient Name: _____

DOB: _____

Circle Yes or No

1. Are you 65 years or older? Y or N
    a. If you answered ***No*** to question 1, will you be eligible for Medicare within the next 6 months? Y or N

2. Are you currently employed? Y or N
    a. If ***yes***, do you have health insurance through your employer? Y or N

3. Are you married? Y or N
    a. If ***yes***, is spouse currently employed? Y or N
    b. If ***yes***, do they have health insurance through their employer? Y or N
    c. If ***yes***, are you covered under spouse plan? Y or N

Signature: _____ Date: _____