

Mandatory Medicare Reporting/Child Support Lien Requirement

***** Please complete this form with each report of injury*****

Medicare now requires mandatory reporting of Workers' Compensation claims. The purpose of the reporting process is to enable Centers for Medicare & Medicaid Services (CMS) to correctly pay for the health insurance of Medicare beneficiaries by determining primary versus secondary payer.

To be completed by the employee (Please print)

Date: _____

Injured Worker Name: _____
(Name as it appears on your social security card)

Date of Birth _____

Dear Injured Worker, please provide an answer to the following questions:

YES	NO	
		Are you currently on SSDI? (Social Security Disability)
		Have you ever applied for SSDI?
		Do you anticipate filing for SSDI within the next 30 months?
		Are you a Medicare beneficiary?
		Have you or are you currently participating in a Medicare Advantage Plan? (This is a Medicare supplement product purchased from a private carrier such as Humana, Blue Cross Blue Shield etc.) If so, name of Carrier: _____
		Do you anticipate filing for Medicare benefits in the next 30 months?
		If you are on Medicare, What is your Medicare Beneficiary Identifier Number (MBI)? _____
		Are you in End Stage Renal Disease?
		Do you have a Child Support Lien against you? If so, Which State? _____

Signature of Injured Worker

Date

PLEASE FORWARD THE COMPLETED FORM TO:

CONSOLIDATED BENEFITS RESOURCES

Post Office Box 581630
Tulsa, Oklahoma 74158-1630
918.594.5170 *telephone*
918.594.5171 *facsimile*