Physician
M. Yates

Originating Clinic
TPG-Slide

TEXAS PHYSICIANS GROUP
Primary Care Clinic
Affiliate of Lubbock Heart & Surgical Hospital

Chart #

Date

MEDICARE
OUTPATIENT COINSURANCE NOTICE

To our Medicare patients:

Thank you for choosing Texas Physicians Group (TPG), an affiliate of Lubbock Heart and Surgical Hospital (LHSH). This affiliation provides increased continuity of care and expanded quality medical services. Medicare regulations require us to provide you with a notice of your potential financial liability for the hospital outpatient service(s) you will receive.

We are required to advise you that, because your scheduled service is furnished by an outpatient department of LHSH, you will incur a coinsurance liability to the hospital that you would otherwise not incur if the services were furnished in an entity that is not hospital-based. Please note that your coinsurance (financial) liability for hospital services is billed separately from the Medicare coinsurance liability you may owe for physician or professional services provided to you in conjunction with hospital outpatient services. Coinsurance balances will be re-billed to secondary insurances if applicable.

Your actual coinsurance liability will depend upon the actual services furnished. As an example, co-insurance balances for an average follow up visit for an established patient (99213) would be approximately $19.49 for the hospital charge and $10.04 for the physician charge. ***The actual amount of your coinsurance liability to the hospital may be different from any estimate we provide. This is because the exact type and extent of care you will receive is not known in advance.***

All billing is handled through our Central Billing Office. Please call (877) 440-3044 to speak to a customer service representative if you have any questions.

I have read the foregoing and understand:

- I will incur a financial responsibility to LHSH for Medicare hospital outpatient coinsurance as permitted by law.
- If I have provided supplemental insurance, this insurance will be filed after Medicare processes my claim and my co-insurance amount may be partially paid or paid in full.

_____ _____

Signature of Patient or Representative Date

_____

Printed Name of Patient or Representative

Physician
M. Yates

Originating Clinic
TPG-Slide

TEXAS PHYSICIANS GROUP
Primary Care Clinic
Affiliate of Lubbock Heart & Surgical Hospital

Chart #

Date

MEDICARE
SECONDARY PAYOR (MSP) QUESTIONNAIRE 1

(This form only needs to be filled out once per year).

Patient Name_____

Please read and respond to each of the following:

Part 1

1. Are you receiving Black Lung (BL) benefits? ☐ Yes ☐ No
   If yes, date benefits began: _____
   BL is primary payor only for claims related to BL? ☐ Yes ☐ No

2. Are the services to be paid by a government research program? ☐ Yes ☐ No
   Government research program will pay primary benefits for these services? ☐ Yes ☐ No

3. Are you entitled to benefits through the Department of Veterans Affairs (VA)? ☐ Yes ☐ No
   VA is primary for these services? ☐ Yes ☐ No

Part 2

4. Is your illness/injury due to a work-related accident/condition? ☐ Yes ☐ No
   If yes, date of injury/illness _____

5. If Medicare coverage is due to age or disability, do you have group insurance coverage through your or another family member's current employer? ☐ Yes ☐ No

6. Are you entitled to Medicare due to End Stage Renal Disease and age or ESRD and disability?
   ☐ Yes ☐ No

7. Do you have any benefits through TriCare (formerly Champus)? ☐ Yes ☐ No

If you answered yes to questions 4,5, or 6, there is a second form to be filled out.

Date _____

Physician
M. Yates

Originating Clinic
TPG-Slide

TEXAS PHYSICIANS GROUP
Primary Care Clinic
Affiliate of Lubbock Heart & Surgical Hospital

Chart #

Date

MEDICARE
SECONDARY PAYOR (MSP) QUESTIONNAIRE 2

(Questions 5 & 6) *Only proceed if you answered "Yes" to Questions 4, 5, or 6 in Part 2*

1. Are you currently employed? ☐ Yes ☐ No If applicable, date of retirement: _____

2. Do you have a spouse who is currently employed? ☐ Yes ☐ No

3. If you have GHP coverage based on your own or your spouse's current employment; does that employer sponsor or contribute to the GHP employ 20 or more employees? ☐ Yes ☐ No

More than 100 employees? ☐ Yes ☐ No

Insurance Name: _____

Address: _____

City, State, & Zip: _____

Phone: _____

Employer: _____

Insured's Name: _____

Subscriber ID#: _____ Group #: _____

(Question 6)

1. Have you received a kidney transplant? ☐ Yes ☐ No

2. Have you received maintenance dialysis treatments? ☐ Yes ☐ No
   Date dialysis began: _____
   Are you within the 30 month coordination period that starts with the date dialysis began above? ☐ Yes ☐ No

3. Have you participated in a self-dialysis training program? ☐ Yes ☐ No

   Date training started: _____

4. Was your initial entitlement to Medicare (including simultaneous or dual entitlement) based on either ESRD and age or ESRD and disability? ☐ Yes ☐ No