

OSAG

Mandatory Medicare Reporting 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)

Social Security Number: XXX-XX- _ _ _ _

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

YES NO

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Are you currently on SSDI? (Social Security Disability)
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever applied for SSDI?
<input type="checkbox"/>	<input type="checkbox"/>	Do you anticipate filing for SSDI within the next 30 months?
<input type="checkbox"/>	<input type="checkbox"/>	Are you a Medicare beneficiary?
<input type="checkbox"/>	<input type="checkbox"/>	Do you anticipate filing for Medicare benefits in the next 30 month?

Signature of Injured Worker

Date

PLEASE FORWARD THE COMPLETED FORM TO:

CONSOLIDATED BENEFITS RESOURCES, L.L.C.

Post Office Box 581630

Tulsa, Oklahoma 74158-1630

918.594.5170 *telephone*

800.826.0419 *toll free telephone*

918.594.5171 *facsimile*

888.594.5171 *toll free facsimile*