

Part B Interactive Voice Response (IVR) Patient Eligibility Checklist

Date of Inquiry

Patient MBI

Name Date of Birth

Medicare Coverage:

Part A Effective Date Termination Date

Part A Prior Effective Date Termination Date

Part B Effective Date Termination Date

Part B Prior Effective Date Termination Date

Date of Death

Deductible Applied:

Current year Previous Year

Physical Therapy Dollars Used:

Current year Previous Year

Occupational Therapy Dollars Used

Current year Previous Year

Medicare Secondary Payer

Reason Medicare is secondary Spouse Working ESRD Accident Accident at Work
 Disabled Black Lung Veteran
 Accident/Set Aside Fund Incarcerated (Cannot Bill Medicare)

Medicare Advantage Plan

Insurer Name

Contractor ID

Type of Plan HMO Indemnity PPO POS FFS Demo

Address

Telephone Number

Effective Date Termination Date

Home Health

Name

Address

Discontinued Date

Hospice

Effective Date Termination Date

Name

Address

For acronym definitions please utilize the [acronym](https://www.novitas-solutions.com) listing on the <https://www.novitas-solutions.com> web site.