



HAR Number: \_\_\_\_\_

FACS Number: \_\_\_\_\_

Initial Confirmation: \_\_\_\_\_

Final Confirmation: \_\_\_\_\_

DATE: \_\_\_\_\_

## MSP or Medicaid Secondary Social Summary

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

### Personal Information

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Highest Grade Completed: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Tax Filing Status: \_\_\_\_\_ Are you claimed as a dependent? ☐ Yes ☐ No

If joint, name of filing partner: \_\_\_\_\_ Any dependents outside of the household? ☐ Yes ☐ No

If claiming dependent under 19, please list insurance type if covered? \_\_\_\_\_

Medicare Number: \_\_\_\_\_ Part A: ☐ Effective \_\_\_\_\_ Part B: ☐ Effective \_\_\_\_\_

### Household Members

Name	DOB	SSN	Relationship	Dependent	Apply
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Patient Lives With: ☐ Self ☐ Relative/Friend ☐ Section 8 Housing ☐ Homeless ☐ Shelter

### Financial Information

Is patient receiving SSI or SSDI? ☐ Yes ☐ No Monthly Amount: \$ \_\_\_\_\_ Gross Income: \$ \_\_\_\_\_

Additional source of income: \_\_\_\_\_ If so, amount/type: \$ \_\_\_\_\_

Employed? ☐ Yes ☐ No Last date of employment: \_\_\_\_\_ Employer: \_\_\_\_\_

Please list child support amount/payee: \$ \_\_\_\_\_

Housing Amount: \$ \_\_\_\_\_ Utilities: \$ \_\_\_\_\_

## Resources

Do you have any cash on hand? ☐ Yes ☐ No What is the amount? \$ \_\_\_\_\_

Do you have a checking and/or a savings account with a bank? ☐ Yes ☐ No How many accounts? \_\_\_\_\_

Who do you bank with? \_\_\_\_\_

What are the last 4 digits of each account number? \_\_\_\_\_

What is the average balance in accounts after bills are paid each month? \$ \_\_\_\_\_

Do you have any Stock/Bonds/CDS/IRA/401K/Retirement/Keogh Plans? ☐ Yes ☐ No

What is the balance of each?

Stocks	Bonds	CDS	IRA	401K	Retirement	Keogh
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Who are the accounts with?

Stocks	Bonds	CDS	IRA	401K	Retirement	Keogh
_____	_____	_____	_____	_____	_____	_____

What is the value?

Stocks	Bonds	CDS	IRA	401K	Retirement	Keogh
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Do you have any life insurance policies? ☐ Yes ☐ No Are they Whole Life or Term policies? ☐ Whole Life ☐ Term

Do you have a Miller Trust or any Annuities? ☐ Yes ☐ No What is the balance of all annuities? \$ \_\_\_\_\_

Do you have a Prepaid Funeral Plan? ☐ Yes ☐ No Is it paid in full or are you making payments? \_\_\_\_\_

What is the value of the plot? \$ \_\_\_\_\_ What is the balance due: \$ \_\_\_\_\_

Do you own any property? ☐ Yes ☐ No Type: ☐ Home ☐ Mobile Home ☐ Real Estate ☐ Farm Land

If not, do you rent? ☐ Yes ☐ No Type? ☐ Section 8 ☐ Apartment How much is rent? \$ \_\_\_\_\_

Do you pay utilities? ☐ Yes ☐ No How much in total monthly do you pay? \$ \_\_\_\_\_

Who is listed on the title of your home? \_\_\_\_\_

Do you have a mortgage? ☐ Yes ☐ No Do you or your spouse own any other properties? ☐ Yes ☐ No

Do you own vehicles? ☐ Yes ☐ No Have you been in a vehicle accident on the past 24 months? ☐ Yes ☐ No

Are there any pending lawsuits you are involved in? ☐ Yes ☐ No Have you won the lottery? ☐ Yes ☐ No

Do you receive Black Lung benefits? ☐ Yes ☐ No

Are you receiving any German reparation payments, mineral rights or any educational credits? ☐ Yes ☐ No