

(New) Sec. 13-12A. Disclosure of Medicare Enrollment, Eligibility and Payments Received

In any civil action involving allegations of personal injury, information on the claimant's Medicare enrollment status, eligibility or payments received, which is sufficient to allow providers of liability insurance, including self-insurance, no fault insurance, and/or worker's compensation insurance to comply with the federally-mandated reporting requirements imposed under 42 U.S.C. § 1395y (b) (8), shall be subject to discovery by any party by interrogatory as provided in Sections 13-6 through 13-8. The interrogatories shall be limited to those set forth in Form 217. Information disclosed pursuant to this rule is not by reason of disclosure admissible in evidence at trial. Such information shall be used only for purposes of complying with 42 U.S.C. § 1395y (b) (8) and shall not be used or disclosed for any other purpose.

**Defendant's Interrogatories-Civil Actions Alleging Personal Injury-
Medicare Enrollment, Eligibility and Payments Received**

No. CV- : SUPERIOR COURT
(Plaintiff) : JUDICIAL DISTRICT OF
VS. : AT
(Defendant) : (Date)

The undersigned, on behalf of the Defendant, hereby propounds the following interrogatories to be answered by the Plaintiff, _____, under oath, within sixty (60) days of the filing hereof in compliance with Practice Book Section 13-2.

Definition: "You" shall mean the Plaintiff to whom these interrogatories are directed except that if suit has been instituted by the representative of the estate of a decedent, ward, or incapable person, "you" shall also refer to the Plaintiff's decedent, ward or incapable person unless the context of an interrogatory clearly indicates otherwise.

In answering these interrogatories, the Plaintiff(s) is (are) required to provide all information within their knowledge, possession or power. If an interrogatory has subparts, answer each subpart separately and in full and do not limit the answer to the interrogatory as a whole. If any interrogatories cannot be answered in full, answer to the extent possible.

(1) State the following:

- (a) your full name and any other name(s) by which you have been known;
- (b) your date of birth;
- (c) your motor vehicle operator's license number;
- (d) your home address;
- (e) your business address;

(2) State whether you have ever been enrolled in Medicare Part A or Part B.

(a) If the response to the previous interrogatory is affirmative, provide:

- (i) The effective date(s);
- (ii) Your Medicare claim number(s);
- (iii) Your name exactly as it appears on your Medicare card; and
- (iv) Your date of birth.

(b) State whether Medicare Part A or Part B has paid any bills for treatment of any injuries allegedly sustained as a result of the incident alleged in the complaints.

(c) If the response to the previous interrogatory is affirmative, state the amount Medicare Part A or Part B has paid.

(d) If you are not presently enrolled in Medicare Part A or Part B, state whether you are eligible to enroll in Medicare Part A or Part B.

(e) State whether you plan to apply for Medicare Part A or Part B within the next thirty-six (36) months.

DEFENDANT,

BY _____

I, _____, hereby certify that I have reviewed the above interrogatories and responses thereto and that they are true and accurate to the best of my knowledge and belief.

(Plaintiff)

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public/
Commissioner of the Superior Court

CERTIFICATION

I certify that a copy of this document was or will immediately be mailed or delivered electronically or non-electronically on (date) _____ to all attorneys and self-represented parties of record and to all parties who have not appeared in this matter and that written consent for electronic delivery was received from all attorneys and self-represented parties receiving electronic delivery.

Name and address of each party and attorney that copy was or will immediately be mailed or delivered to*

*If necessary, attach additional sheet or sheets with the name and address which the copy was or will immediately be mailed or delivered to.

Signed (Signature of filer) Print or type name of person signing Date Signed

Mailing address (Number, street, town, state and zip code) or E-mail address, if applicable Telephone number

COMMENTARY: This new form, established pursuant to (New) Section 13-12A, sets forth a single, six-part question regarding Medicare enrollment status, eligibility or payments received and is to be used in any civil action involving allegations of personal injury. That question is intended to allow defendant providers of liability insurance, including self-insurance, no fault insurance and worker's compensation insurance, to capture the information necessary to satisfy the federal reporting requirements on the Medicare enrollment status of claimants. In the absence of that question, defendants seek permission to file non-standard interrogatories to obtain the required Medicare reporting information.