



Health Insurance Questionnaire

PPO HEALTH INSURANCE

Estimated Annual Household Gross Income:
(for calculating potential healthcare.gov tax credit eligibility)

Primary Name: _____ **Mobile Phone #:** _____ **DOB:** _____ **Age:** _____

Street: _____ **Tobacco?:** _____ **Height:** _____ **Sex:** _____

City: _____ **State:** _____ **Zip:** _____ **HBP?:** _____ **Weight:** _____

Occupation: _____ **Email address:** _____

Doctor(s): _____ **Dr. Phone #'s:** _____

List all
RX's/dosage/name
for family members
needing coverage
here:

Spouse: _____ **Mobile #:** _____ **DOB:** _____ **Age:** _____

Occupation: _____ **Tobacco?:** _____ **Height:** _____ **Sex:** _____

_____ **HBP?:** _____ **Weight:** _____

Child 1: _____ **Sex:** _____ **DOB:** _____ **Current/Last Insurance:** _____

Child 2: _____ **Sex:** _____ **DOB:** _____ **Coverage Ends:** _____ **Cost/Mo.:** _____

Child 3: _____ **Sex:** _____ **DOB:** _____ **Deductible:** _____ **Dental Plan?:** _____

Child 4: _____ **Sex:** _____ **DOB:** _____ **New Plan Start:** _____ **Vision Plan?:** _____

Any hospitalizations in last 10 years for any family member needing coverage?

If yes, please list reason for hospitalization and family member name(s), along with approximate date(s):

Are there any issues/conditions/diseases related to the following for any family member needing coverage:

If yes, please note issue and family member name(s):

Back, Brain, Heart, Spine or Kidney?

Pending surgeries or procedures?

Cancers, Tumors, Growths, Goiters?

Chronic pain or Arthritis?

Ulcers, Hernias?

Steroid injections, Hormone treatments?

Narcotic/Pain medication last 6mos?

Psychiatric, mental, emotional issues?

Pregnancy or adoption?

DUI or Felony Conviction/other issues?