

2021 Consultation Questionnaire

Member Name: _____

Address: _____ City/State/Zip: _____

Phone Number: _____ Email Address: _____

Date of Birth: _____ Tobacco User: Yes or No

Dependents to be covered under Members application:

	Name	Date of Birth	Tobacco User?
Spouse:	_____	_____	_____
Child:	_____	_____	_____
Child:	_____	_____	_____
Child:	_____	_____	_____
Child:	_____	_____	_____

Please indicate any Hospital/Doctor Networks below that you prefer In-Network on your plan:

____ BJC (includes but not limited to Barnes, Christian, St. Louis Children's, Missouri Baptist, Progress West)

____ SSM (includes but not limited to St. Mary's, DePaul, Cardinal Glennon, St. Clare, St. Joseph (West))

____ Mercy

____ Other: _____

____ No Preference

Please list names, specialty, and location of any physicians required In-Network on your plan:

Please list medication names and dosage for anyone enrolling on the plan:

The following information is helpful for comparison:

Current Insurance Carrier: _____ Current & Renewal Premium: _____

Current Plan Design (Name or Deductible/Co-Insurance): _____

Would you like to see quotes on any of the following options?

_____Dental _____Vision _____Life
_____Accident/Critical Illness/Cancer/Disability _____Homeowners/Car Insurance

Preferred Consultation Time
Please indicate preferences below:

Consultation Preference: In-Person Meeting OR Virtual Meeting

Day of Week: M T W TH F SAT SUN Time: Morning Afternoon Evening

Time: Morning-8:30am-11:30am, Afternoon-12:00pm-4:00pm, Evenings-5:00pm-7:00pm
Consultations will take place November 4th-December 11th for a January 1st effective date.
*Limited Evening and Weekend appointments available