

2020 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:

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 13th for a January 1st effective date.
*Limited Evening and Weekend appointments available