

Janice Michaud

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Date

Please fill in this form so that we can explore your options... You don't have to fill fields you prefer not to. You have room at the bottom for any concerns or additional info.

Name

Address

Phone

Email

DOB

Do you have other family members that want insurance?

Name

DOB

Does this person live with you?

Name

DOB

Does this person live with you?

Name

DOB

Does this person live with you?

Current Insurance?

Name of Carrier

Name of Plan

Would you like to explore whether you might qualify for a subsidy? If yes, state your household income

Best day/time for phone conversation?

Screen Share?

Medications and who takes them

Med?

Who?

Med?

Who?

Med?

Who?

Physicians you want in network?

Name?

City

Name?

City

Name?

City

Other concerns or questions, family members, meds, psicians: