

2017 Consultation Questionnaire & Fee Information

Name: _____

Address: _____ City/State/Zip: _____

Phone Number: _____ Email Address: _____

Date of Birth: _____ Tobacco User: Yes or No

Dependents to be covered:

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

Please indicate any Hospital/Doctor Networks below that you require 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 Saint Mary's, DePaul, Cardinal Glennon, St. Claire, St. Joseph (West))

___ Mercy

___ Other: _____

___ No Preference

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

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

If you have a preference, please indicate which type of plans you would like to consider:

_____ Gold level plans-Have lower deductibles and may include co-pays for treatment (premiums are typically the highest)

_____ Silver level plans-Have mid-range deductibles and may or may not have co-pays

_____ Bronze level plans -Have higher deductibles and more cost sharing

_____ HSA-High Deductible plans that only have preventive services covered in full and all other services are subject to the deductible. These plans are typically lower premiums and allow a Health Savings Account to be opened for tax savings on eligible expenses.

The following information is helpful for comparison:

Current Insurance Carrier: _____

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

Current & Renewal Premium: _____

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

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 2nd-December 15th for a January 1st effective date.

*Limited Evening and Weekend appointments available

Please Indicate Preferences Below

Health Insurance - Option 1: Consultation and Evaluation <i>*payment due at time of service</i>	\$100	
Health Insurance - Option 2: Consultation, Evaluation & Enrollment <i>*payment due at time of service</i>	\$250	
Health Insurance - Option 3 - Consultation, Evaluation, Enrollment & Assistance <i>*payment due at time of service OR \$250 at consultation plus \$25 per month paid by automatic credit card installments (\$550)</i>	\$500	
Dental Insurance <i>*payment due at time of service (Fee waived if enrolling same time as Health)</i>	\$20	
TOTAL:		

Name: _____

Address: _____

City: _____ ST: _____ Zip code: _____

Phone: _____ Email: _____

PAYMENT FREQUENCY & METHOD:

Annual Payment Check Enclosed Credit Card Will pay at Consultation

Monthly Payment (Only Available with Option 3)

Initial Payment: Check Enclosed Credit Card Will pay at Consultation

Subsequent Payments: Credit Card (Yes, I agree to recurring automatic Credit Card drafts for my ongoing monthly payments. No paper or electronic monthly billing statement will be issued.)

Credit Card Information

American Express Visa MasterCard

Credit Card #: _____ Expiration date: _____

Security Code: _____ Billing Zip Code: _____

Signature: _____ **Date:** _____

Paying by check: Checks should be made payable to Denny & Associates, Inc. Please return this form along with payment to the attention of Lindsay Allen at the address below.

Paying by credit card: Form can be returned by mail, faxed to the number below or emailed to lindsay@dtdinsurance.com.

Broker Disclosure and Transparency

Carriers represented may or may not provide commissions to brokers for the placement of business. Commissions are built in to the premiums quoted. Premiums do not change if the client utilizes the service of a broker or enrolls in a plan directly with a carrier or through the Marketplace Exchange. This broker charges a consultation fee and will also accept any commissions payable by carrier if applicable. Client has the right to request copies of carriers commission at any time. Broker will provide such information within 10 business days of request. Client can view the Denny & Associates, Inc. Notice of Privacy practices on our website at www.dtdinsurance.com. Broker will provide a paper copy immediately upon request.