



LeadDog Leads

DATE: 8-18-09

NAME: _____
 BUSINESS: _____
 POSITION WITH THE COMPANY: OWNER
 ADDRESS: _____
 CITY, STATE, ZIP CODE: _____
 COUNTY: _____
 PHONE: _____ FAX: _____
 EMAIL: _____
 AGE OR DOB: 51 SPOUSE: 51
 # DEPENDANTS: 2 AOBBS/MT: _____

HEALTH HISTORY

- HEIGHT/WEIGHT 5'6-210 5'3-130
- PRESCRIPTIONS? Y(N) _____
- PREGNANCY? Y(N) _____
- CANCER? Y(N) _____
- DIABETES? Y(N) _____
- HEART CONDITIONS? Y(N) _____
- TOBACCO? Y(N) _____
- EVER BEEN DECLINED HEALTH COVERAGE? Y(N) _____
- CURRENT INSURANCE? Y(N) Blue Cross
- HOW OFTEN DO YOU PAY PREMIUM? MONTHLY X QUARTERLY _____
- PREMIUM? \$1280 DEDUCTIBLE? ?
- CO-INSURANCE (80/20, 70/30) 80/20
- TYPE OF COVERAGE? PPO HMO BASIC HOSPITAL ACCIDENT ONLY?
- DOES YOUR PLAN HAVE DR. CO/PAYS OR PRESCRIPTION COVERAGE? Y N
- BEST TIME TO CALL? anytime
- COMMENTS unhappy w/ BCB rates included

LEAD PREPARED BY: Shelley