

Fax, mail or e-mail
completed form to:

Vern Bell
6136 Frisco Square Blvd, #400
Frisco, TX 75034
Phone: (214)203-7439
Fax: (972)798-9023
E-mail: vbell@enterprisebenefits.net



Individual Major Medical Quote Request

Head of Household: _____ Spouse: _____

Street Address: _____ Apt: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: _____ Mobile Phone: _____ Fax: _____

Email: _____ Best time to call: _____ Best number to call: _____

Name of Proposed Insured	Gender M/F	DOB	Tobacco Y/N

Requested Insurance Plan Description

Current Insurance Plan: _____ New Plan Effective Date: _____

Coinsurance: 100% 80/20 50/50

Deductible: \$1000 \$2500 \$5000 Other: _____

Copyay: \$25.00 \$30.00 \$40.00 Other: _____

Rx Copay: Ded Generic Formulary Non-Formulary

Medical Conditions

Patient Name: _____ Condition: _____ Rx Name: _____ Dosage: _____ Freq: _____

Patient Name: _____ Condition: _____ Rx Name: _____ Dosage: _____ Freq: _____

Patient Name: _____ Condition: _____ Rx Name: _____ Dosage: _____ Freq: _____

Patient Name: _____ Condition: _____ Rx Name: _____ Dosage: _____ Freq: _____