



**Solid Health
Insurance**

Solid Health Insurance Services
Barbara G. Kempen * Lic # **0G05625**
info@solidhealthinsurance.com
Tel: (310) 909-6135 * Fax: (310) 633-8306

"We help you to find the insurance that best fits your needs!"

INSURANCE REVIEW ANALYSIS

Please list your household size:

First & Last Name	Relationship	Date Of Birth	Zip Code

Name:	Email:
Address:	Phone:

Current Health Plan	Current Premium	Health Insurance Carrier
Name: _____	\$ _____ per month	Preferred Insurance Carrier: _____
Satisfied Yes No	Budget for next year: \$ _____ per month	PPO Yes No EPO Yes No HMO Yes No
Current Subsidy:	Modified Adjusted Gross Income (Line item # 38 of your 1040A tax return):	Tax Filing Status: Single Head of Household Married filing jointly Married filing Separately

Please pick the one's you are interested in reviewing or need

Health Insurance Inside
Exchange (Covered CA)

Health Insurance
Outside State Exchange

Dental Plan

Vision Plan

Travel Insurance

Life Insurance Plan

Long Term Care

Cancer/Critical Illness

For Preferred Doctor, Hospital and Drug list please use 2nd page



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Please list your Preferred Doctors:

Doctor's Name	Specialty	Zip code or Address

Please list your Preferred Hospital:

Hospital Name	Zip code or Address

Please list your Medication

Drug Name	Brand/Generic	Dosage

Friends, Family, Coworker and neighbors who you think would like my services:

#	Name	Phone	Email
1			
2			
3			