



"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: _____ Satisfied <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____ per month Budget for next year: \$ _____ per month	Preferred Insurance Carrier: _____ PPO <input type="checkbox"/> Yes <input type="checkbox"/> No EPO <input type="checkbox"/> Yes <input type="checkbox"/> No HMO <input type="checkbox"/> Yes <input type="checkbox"/> No
Current Subsidy:	Modified Adjusted Gross Income (Line item # 38 of your 1040A tax return):	Tax Filing Status: <input type="checkbox"/> Single <input type="checkbox"/> Head of Household <input type="checkbox"/> Married filing jointly <input type="checkbox"/> 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



**Solid Health
Insurance Services**

Solid Health Insurance Services
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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			