

MDIS Missouri Dental INSURANCE SERVICES

MDIS4DDS.com | T 573-636-8752 | F 573-634-5770

Business Overhead Expense Quote Form

Full Name: _____

Mailing Address: _____

DOB: _____ Height: ___ Ft. ___ In. Weight: _____ Lbs.

Sex: () Male () Female Tobacco Use?: () Yes () No

Annual Earned Income (after bus. expenses): _____

Occupation: <u>Dentist</u>	Duties: <u>Practice Dentistry</u>
Specialty: () General Dentist () Endodontist () Oral & Maxillofacial Surgeon	
() Orthodontist () Periodontist () Prosthodontist () Pedodontist	

Average monthly amount of eligible overhead expenses in preceding year? \$ _____ per month.
(Example: Rent or mortgage, employee salaries & benefits, business and professional insurance, equipment lease, utilities, maintenance, etc.) (check your Sch C from business tax return)

Balance of any loans for practice or equipment? \$ _____ # Months of payments remaining _____?

Type of Organization: () Proprietorship () Corporation () Partnership
If Corporation or Partnership, my share of the eligible expenses is: \$ _____

Are you now, and have you been for the last 30 days, performing all the duties of your occupation for 30 or more hours per week at your usual business place? () Yes () No

Desired Business Monthly Benefit Amount: \$ _____

If business owner, how long? _____

Any health problems? Currently on any medications? (Counseling and Chiropractic are relevant) :

Special notes? (Current disability insurance in force (include company and amounts):

_____/_____
Applicant's Signature / Date

This form is to gather information for quoting coverage, this is NOT a confirmation of coverage.
Quote may be faxed or securely emailed to: 573.634.5770 / lindsey@mdis4dds.com

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