

We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Contact Medicare.gov or 1-800-MEDICARE to get information on all of your options.

## MEDICARE PRODUCTS QUOTE INFORMATION



MDIS4DDS.com

T 573-636-8752 | F 573-634-5770

Date \_\_\_\_\_ Requested effective date \_\_\_\_\_

Name \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_ County \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Telephone (\_\_\_\_) \_\_\_\_\_ Home Telephone (\_\_\_\_) \_\_\_\_\_

Fax Number (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Do you smoke or use tobacco products? Yes or No

Are you interested in adding dental, vision and hearing? \_\_\_\_\_

Have you applied for Medicare Parts A and B? \_\_\_\_\_

**Medicare effective date for Part A:** \_\_\_\_\_

**Medicare effective date for Part B:** \_\_\_\_\_

You may apply for Medicare online at [www.Medicare.gov](http://www.Medicare.gov) during your 7 month IEP window; 3 months prior to the month in which you turn age 65, the month you turn age 65, and 3 months after the month you turn age 65.

Depending on when you apply, Medicare coverage and supplemental policies become effective on the first of the month in which you turn age 65.

Pharmacy: \_\_\_\_\_

Drug list:	Dosage	Frequency
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**Please fax this form back to MDIS at 1-573-634-5770  
or email [Christy@mdis4dds.com](mailto:Christy@mdis4dds.com).**

**Missouri Dental Insurance Services Privacy Policy**

MDIS recognizes the importance of confidentiality in the use of information provided by our clients. Information such as birthdates, social security numbers, medical, and financial is necessary to properly and accurately provide our clients with the products and services they desire. We take the responsibility of protecting your personal, nonpublic information seriously. This protection is required by federal laws such as the Gramm-Leach-Bliley Act, HIPAA, and others, as well as various state laws contained in Missouri Statutes and Rules. MDIS has developed an Information Security Program that contains our procedures for safeguarding nonpublic customer information.

# Please Contact me about Medicare Plans

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_ Text Message YES NO

Medicare Eligible: YES NO

I am not eligible to enroll before October 15<sup>th</sup>, please contact me between October 1 and December 7

I am interested in plan information for the following (check all that apply):  
(plan availability may vary by location)

- Prescription Drug Plans
- Medicare Supplement Plans
- Medicare Advantage Plans
- Dental Plans
- Hospital Indemnity Plans

Email Address: \_\_\_\_\_

*By providing my e-mail address or telephone number, I agree to allow a licensed sales representative to contact me regarding information related to Medicare health plans and health insurance plans, products, services and/or educational information related to health care.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*According to Medicare rules, we need your permission to contact you to discuss your Medicare plan options. By accepting this form, you are agreeing to a sales telephone call or an email from a licensed sales agent to discuss the specific types of products above. The person who will be discussing plan options with you is contracted by a Medicare health plan or prescription drug plan that is not the Federal Government, and they may be compensated based on your enrollment in a plan. Signing this does NOT affect your current enrollment, nor will it enroll you in a Medicare Advantage Plan, Prescription Drug Plan, or other Medicare plan. We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact Medicare.gov or 1-800-MEDICARE to get information on all of your options.*