

**SHORT TERM MEDICAL
QUOTE REQUEST**



PLEASE NOTE - this form is to gather information for quoting coverage, this is NOT a confirmation of coverage.

MDIS4DDS.com

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

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 or your spouse pregnant or in the process of adopting? Yes or No

Additional riders to be quoted:

Vision

Dental

Hospital Safeguarde

Critical Illness

Accident

Term life

Others to be insured	Relationship	Gender	Date of Birth	Tobacco user

**Please fax this form back to MDIS at 1-573-634-5770
or email Christy@mdis4dds.com.**

A copy of our "Notice of Privacy Practice & Policies" is available upon request from the MDIS office
or at the MDIS website www.MDIS4DDS.com.