

**SHORT TERM MEDICAL  
QUOTE REQUEST**



**MDIS4DDS.com**

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

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

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](mailto: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](http://www.MDIS4DDS.com).