



**Best Insurance Yet**  
You deserve the very best. That's our goal.

## **ACA (OBAMACARE) CLIENT DOCTOR, HOSPITAL AND MEDICATION INFORMATION**

**NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**CURRENT HEALTH INSURANCE PROVIDER & PLAN NAME AND/OR NUMBER (if applicable):**

\_\_\_\_\_

**CURRENT EMPLOYER:** \_\_\_\_\_ **PHONE NUMBER** \_\_\_\_\_ **ANNUAL INCOME:** \_\_\_\_\_

**LIST OF DOCTORS (First and Last name), IF A SPECIALIST, INDICATE FIELD (With City and/or county):**

- |    |     |
|----|-----|
| 1. | 6.  |
| 2. | 7.  |
| 3. | 8.  |
| 4. | 9.  |
| 5. | 10. |

**LIST OF HOSPITALS:**

- |    |    |
|----|----|
| 1. | 3. |
| 2. | 4. |

**LIST OF MEDICATIONS AND DOSAGE:**

- |    |     |
|----|-----|
| 1. | 9   |
| 2. | 10. |
| 3. | 11. |
| 4. | 12. |
| 5. | 13. |
| 6. | 14. |
| 7. | 15. |
| 8. | 16. |