



1701 Research Boulevard
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Quick Quote for Hepatitis

GA/Broker: _____

GA Case #: _____
(Assigned by GA)

Proposed Insured: Male Female Date of Birth _____

Family History:	Age if Living	Age at Death	Cause of Death
Mother _____			
Father _____			
Siblings _____			

Date of diagnosis: _____

Source of infection: _____

Hepatitis: Type B C (non-A/non-B) Other _____

Date and results of most recent liver enzyme tests:

ALT/SGPT: Date: _____ Results: _____

Bilirubin: Date: _____ Results: _____

List current medications:

What has client's treatment been?

If treated - results: _____

Does client currently use alcohol? Yes No

If yes, amount and frequency: _____

Has client had a liver biopsy? Yes No

If yes, date and results: _____

Has client been diagnosed with cirrhosis or other complications? Yes No

If yes, explain: _____

Does client have any other health problems? Yes No

If yes, explain: _____

RETURN TO YOUR GENERAL AGENCY FOR PROCESSING