

# Hepatitis Quote Request

Name \_\_\_\_\_ Sex M F Date of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Smoker? Y N State \_\_\_\_\_

Coverage Desired? \_\_\_\_\_ Amount \_\_\_\_\_ Plan Desired? \_\_\_\_\_

Have you ever been Rated or Declined for insurance? If YES Complete details please

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**Have you ever been told that you had Hepatitis?** (Please circle which applies) A B C D Other

Were you hospitalized for this? Y N If Yes, for how long? \_\_\_\_\_

Have you had a Liver Biopsy performed? If Yes, When & where? \_\_\_\_\_

Are your Liver Enzymes stable, increasing, or decreasing? \_\_\_\_\_

In the past have you consumed excessive amounts of alcohol? If Yes, When and How much?

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Do you consume any alcohol now? If yes, Details \_\_\_\_\_

Do you have Diabetes? Y N When Diagnosed? \_\_\_\_\_  
If YES, what medication are you taking? \_\_\_\_\_

Do you have any Family History of Heart Disease or Diabetes? \_\_\_\_\_

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Please list all medications being taken: \_\_\_\_\_

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Do you have any other major health problems? (example: cancer, etc)?

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*Please submit a copy of any recent Lab Tests and any Liver Biopsy Reports  
Along with this questionnaire  
We must have this in order to quote properly.*

Broker Submitting Questionnaire: \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please send completed form:

Victorson Associates, Inc. PO Box 863 Smithtown, NY 11787  
You may Fax to: (631) 265-7054 or E-mail to: [vainc@victorson.com](mailto:vainc@victorson.com)