

Bladder Cancer 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

When were you first told that you had Bladder Cancer? _____

How was the cancer treated? (Please circle all that apply)

- Endoscopic Resection only
- Endoscopic Resection and Chemotherapy instilled in the bladder
- Radical Cystectomy (removal of the bladder)
- Radiation Therapy
- Systemic Chemotherapy

Is there any evidence of recurrence? Y N
If YES, Complete Details please _____

Please give date and result of most recent Cystoscopy and Urine Cytology _____

Please list all medications being taken: _____

Do you have any other major health problems? (example: Coronary Artery Disease, etc)?

Please also submit a copy of any Pathology Report - We must have to quote properly.

Broker Submitting Questionnaire: _____

Address _____

Phone: _____ FAX: _____ E-mail: _____

Please send completed form:

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You may Fax to: (631) 265-7054 or E-mail to: vainc@victorson.com