



# Affordable Insurance and Financial Services Group By Roma Pithadiya

## Healthcare Marketplace Intake Form

Your Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Sex: \_\_\_\_\_

Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Citizenship/Green Card Information:

\_\_\_\_\_

Income: \_\_\_\_\_

\_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Contact: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Spouse DoB: \_\_\_\_\_

Spouse Sex: \_\_\_\_\_

Spouse Immigration: \_\_\_\_\_

Spouse Income: \_\_\_\_\_

Spouse Employer: \_\_\_\_\_

Spouse Email: \_\_\_\_\_

Spouse Phone: \_\_\_\_\_

### **Dependent-1**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Citizenship Status: \_\_\_\_\_

### **Dependent-2**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Citizenship Status: \_\_\_\_\_

### **Dependent-3**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Citizenship Status: \_\_\_\_\_

### **Dependent-4**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Citizenship Status: \_\_\_\_\_

### **Dependent-5**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Citizenship Status: \_\_\_\_\_

Current Insurance Name and Expiration Date:

---

Job Insurance Name and Expiration Date:

---

Physician's Name: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

### **Medications**

Name and Dosage: \_\_\_\_\_

Name and Dosage: \_\_\_\_\_

Name and Dosage: \_\_\_\_\_

Name and Dosage: \_\_\_\_\_

Name and Dosage: \_\_\_\_\_

What Type Of Insurance You Are Looking For?:

\_\_\_\_\_

Smoking:                      Yes              No

Best Time to Reach You: \_\_\_\_\_

Best Number to Reach You: \_\_\_\_\_

Please attach a copy of your driver's license and a copy of Medicare or any other insurance cards if any.

**If you have any questions, call/text: (972) 693-3315**

Please return this form to:

Roma Pithadiya: **1620 E Belt Line Road,**  
**Carrollton, TX-75006**

Email: **roma.pithadiya@gmail.com**