

For: **Agent's Name**Lead ID: **70493**Insurance Type: **LTC**Date: **07/28/2002**

Contact Information

Need Quote: **ASAP**Best Day: **Anyday**Best Time: **Anytime**Name: **John Doe**Day Phone: **(850) 256-1276 x 23**Address: **4536 Alaska Ave**Evening Phone: **(850) 722-0310**City: **Kalskag**Cell Phone: **(878) 310-2386**County: **Bethel**Fax: **(850) 722-0310**State: **AK**Email: **johndoe@email.com**Zip Code: **99607**Alternate Email: **johndoe@altemail.com**

Personal Information

Name: **John Doe**

Self

Height: **6 feet, 5 inches**DOB: **3/5/1961**Age: **43**Weight: **200 pounds**Gender: **Male**Marital: **Single**US/CA Residence: **Yes**Education: **Other**Tobacco Usage: **No**Occupation: **Employed**Alcohol Consumption: **No**Currently Insured: **No**Ever Denied LTC: **No**Work/Volunteer: **No**Retirement Community: **No**State Medical, SS Disability or Workmen's Compensation: **Yes**

Comments: **I Am Disabled And Receive Medicare And Medical. I Work In An Internship As A Grant Writer Which I Hope Will Become A Comercial Enterprise In The Future.**

Medical Treatments: **Yes**Day/Home Care: **No**Moving Help: **No**Driving Needs: **Yes**Medical Equipment: **Yes**Pending Surgery: **No**

Comments: **I Receive Continuing Care From My General Practitioner And My Psychiatrist. I Use A Cane When Walking.**

Diagnoses: **Depression.**