

Navigating the Healthcare Marketplace

All About You

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Tell us about you

Client name: _____

Coverage Start Date: _____

Persons Covered: Individual Couple Parent & Child Only Family

Number of adults needing coverage: _____ Children under age 19: _____

Total Household income per year: _____



Existing Coverage

Carrier: _____

Health Category: Bronze Silver Gold Platinum

Monthly Premium: _____ Annual Premium: _____

Deductible: _____ Year to Date: _____

Out of Pocket Max: _____ Year to Date: _____

Copay/Specialist: _____ Year to Date: _____

RX's: _____ Year to Date: _____



Existing and Future Medical Needs
