**I.P.S.**

**INSURANCE PHYSICAL SERVICES, INC.**

**Approved by all major paramedical services.**

**(224) 227-7675**

**Examination Request**

**Date:\_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_**

**INSURANCE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Office:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**APPLICANT INFORMATION:**

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

Last First Middle

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

Home Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Business Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Social Security#:\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_

**TYPE OF POLICY: \*Life \*D.I \*Health \*Long Term \*Other (specify)\_\_\_\_\_\_\_**

Amount of Insurance: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy File # ( if applicable)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AGENCY INFORMATION:**

Agency/District:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agent Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Agent I.D#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Agent Phone#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Agent Fax#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mail Originals to : **Agency** or **Home Office**

**CIRCLE REQUIREMENT(S): \*Paramed (Non-MD Exam) \*M.D Exam**

**\*Blood(venipuncture) \*Hos ( urine) \*DBS(Dried Blood Spot/Specimen-Fingerstick)**

**\*Saliva \*EKG \*X-Ray \*Treadmill / Echo \*TVC \*Vitals \*Lab\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Special Instructions:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Fax request to: (224) 227-7676 or Email: ipsparamed@gmail.com**