

# Hospital Indemnity Insurance Worksheet



**MEDICO<sup>®</sup>**  
INSURANCE COMPANY

Name	Age	Gender
Current Health Insurance Plan _____		
Yearly Maximum Out-of-Pocket \$ _____		

## Client's current plan

Inpatient Hospital	\$ _____ /day	Days: _____	Total: \$ _____
Ambulance	\$ _____ /transport		Total: \$ _____
Emergency Room	\$ _____ /visit		Total: \$ _____
Physical Therapy	\$ _____ /visit	Visit: _____	Total: \$ _____
Skilled Nursing Facility Days 0-20	\$ _____ /day	Days: _____	Total: \$ _____
Skilled Nursing Facility Days 21-100	\$ _____ /day	Days: _____	Total: \$ _____
<b>Total out-of-pocket: \$</b>			_____

## Medico<sup>®</sup> Insurance Company's Hospital Indemnity Insurance

Inpatient Hospital	\$ _____ /day	Days: _____	Total: \$ _____
Ambulance	\$ 250/transport		Total: \$250
Emergency Room	\$150/visit		Total: \$150
Physical Therapy	\$50/visit	Visit: _____	Total: \$ _____
Skilled Nursing Facility Days 0-20	\$50/day	Days: _____	Total: \$ _____
Skilled Nursing Facility Days 21-100	\$ _____ /day	Days: _____	Total: \$ _____
<b>Medico<sup>®</sup> Pays Total: \$</b>			_____

## Additional Benefits

Does your client's current plan cover Outpatient Rehabilitation Services for 15 or 30 days?

Does your client's current plan cover a Cancer Diagnosis with Lump Sum options of \$1,000, \$2,500, \$5,000, \$7,500 or \$10,000?

If you answered No to any of the following questions, these benefits could be available through Hospital Indemnity Insurance. Additional premium may be required.