

LARGE GROUP HOSPITAL, MEDICAL GROUP, PROVIDERS, AND RX SEARCH REQUEST

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Client Name: _____

Broker Name: _____

PROVIDER NAME* (REQUIRED)	STREET ADDRESS, CITY, ZIP CODE (REQUIRED)	FED TAX ID (OPTIONAL)	RX NAME AND DOSAGE	SELECT PLANS FOR REVIEW
				Aetna Full HMO <input type="checkbox"/>
				Aetna HMO Deductible <input type="checkbox"/>
				Aetna Value Network (AVN) <input type="checkbox"/>
				Aetna Basic HMO <input type="checkbox"/>
				Aetna PrimeCare HMO <input type="checkbox"/>
				Aetna Whole Health - Memorial Care <input type="checkbox"/>
				Aetna Whole Health - Providence <input type="checkbox"/>
				Aetna Savings Plus <input type="checkbox"/>
				Aetna PrimeCare PPO <input type="checkbox"/>
				Aetna Full MC PPO <input type="checkbox"/>
				Anthem HMO <input type="checkbox"/>
				Anthem Select HMO <input type="checkbox"/>
				Anthem Priority Select HMO <input type="checkbox"/>
				Anthem Vivity HMO <input type="checkbox"/>
				Anthem Prudent Buyer PPO <input type="checkbox"/>
				Anthem Select PPO <input type="checkbox"/>
				Blue Shield Access+ HMO <input type="checkbox"/>
				Blue Shield Access+ SaveNet HMO <input type="checkbox"/>
				Blue Shield Local Access+ HMO <input type="checkbox"/>
				Blue Shield Trio ACO HMO <input type="checkbox"/>
				Blue Shield PPO <input type="checkbox"/>
				Cigna HMO <input type="checkbox"/>
				Cigna PPO <input type="checkbox"/>
				Cigna Select HMO <input type="checkbox"/>
				Cigna Open Access Plus <input type="checkbox"/>

*Provider is the Doctor, Dentist, Vision, Hospital, Urgent Care, or Medical Group.

Please submit completed form to: accountmanagement@wordandbrown.com

PROVIDER NAME* (REQUIRED)	STREET ADDRESS, CITY, ZIP CODE (REQUIRED)	FED TAX ID (OPTIONAL)	RX NAME AND DOSAGE	SELECT PLANS FOR REVIEW
				Cigna Value HMO <input type="checkbox"/>
				Cigna Local Plus <input type="checkbox"/>
				Health Net HMO <input type="checkbox"/>
				Health Net Elect Open Access (EOA) <input type="checkbox"/>
				Health Net Elect Open Access (EOA) ExcelCare <input type="checkbox"/>
				Health Net HMO ExcelCare <input type="checkbox"/>
				Health Net Salud HMO y Más <input type="checkbox"/>
				Health Net Smart Care HMO <input type="checkbox"/>
				Health Net PPO <input type="checkbox"/>
				CanopyCare HMO (Northern CA) <input type="checkbox"/>
				Sharp Choice <input type="checkbox"/>
				Sharp Value <input type="checkbox"/>
				Sharp Performance <input type="checkbox"/>
				Sharp Premier <input type="checkbox"/>
				UHC SignatureValue HMO <input type="checkbox"/>
				UHC Advantage HMO <input type="checkbox"/>
				UHC Alliance HMO <input type="checkbox"/>
				UHC Harmony <input type="checkbox"/>
				UHC Select Plus PPO <input type="checkbox"/>
				UHC Core PPO <input type="checkbox"/>
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