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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 *REPRESENTS A CALCHOICE NETWORK	
				Aetna Full HMO	<input type="checkbox"/>
				Aetna Value Network (AVN)	<input type="checkbox"/>
				Aetna Basic HMO	<input type="checkbox"/>
				AWH Southern CA HMO	<input type="checkbox"/>
				AWH Northern CA HMO	<input type="checkbox"/>
				Aetna Full MC PPO	<input type="checkbox"/>
				Aetna Open Choice PPO	<input type="checkbox"/>
				Aetna Savings Plus	<input type="checkbox"/>
				AWH Southern CA PPO	<input type="checkbox"/>
				Anthem CACare 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 Local Access+ HMO	<input type="checkbox"/>
				Blue Shield Trio ACO HMO	<input type="checkbox"/>
				Blue Shield PPO	<input type="checkbox"/>
				Blue Shield Tandem PPO	<input type="checkbox"/>
				Cigna + Oscar LocalPlus*	<input type="checkbox"/>
				Cigna + Oscar Open Access Plus*	<input type="checkbox"/>
				Health Net Full HMO*	<input type="checkbox"/>
				Health Net Wholecare HMO*	<input type="checkbox"/>

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

(continued on back)

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 *REPRESENTS A CALCHOICE NETWORK	
				Health Net Smartcare HMO*	<input type="checkbox"/>
				Health Net CommunityCare HMO*	<input type="checkbox"/>
				Health Net Salud HMO y Mas*	<input type="checkbox"/>
				Health Net PPO	<input type="checkbox"/>
				Sharp Premier*	<input type="checkbox"/>
				Sharp Performance*	<input type="checkbox"/>
				Sharp Value	<input type="checkbox"/>
				Sharp Choice	<input type="checkbox"/>
				Sutter Health Plus*	<input type="checkbox"/>
				UHC SignatureValue HMO*	<input type="checkbox"/>
				UHC Alliance HMO*	<input type="checkbox"/>
				UHC Harmony HMO*	<input type="checkbox"/>
				UHC Select Plus PPO	<input type="checkbox"/>
				UHC Core PPO	<input type="checkbox"/>
				UHC Doctors Plan PPO	<input type="checkbox"/>
				UHC Navigate PPO	<input type="checkbox"/>
				Western Health Advantage*	<input type="checkbox"/>

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