Word&Brown®

SMALL 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	
				Anthem Guided Access HMO	☐
				Anthem PPO	☐
				Anthem Choice PPO	☐
				Anthem Blue Priority PPO	☐
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*Provider is the Doctor, Dentist, Vision, Hospital, Urgent Care, or Medical Group.

Please submit completed form to: **accountmanagement@wordandbrown.com**