



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	
				Anthem BlueAdvantage HMO	<input type="checkbox"/>
				Anthem Convenient Care HMO	<input type="checkbox"/>
				Anthem Guided Access HMO	<input type="checkbox"/>
				Anthem BluePreferred PPO	<input type="checkbox"/>
				Anthem BlueSecure PPO	<input type="checkbox"/>
				Anthem Blue Priority PPO	<input type="checkbox"/>
				Anthem Choice PPO	<input type="checkbox"/>
				Anthem PPO	<input type="checkbox"/>
				Cigna HMO	<input type="checkbox"/>
				Cigna PPO	<input type="checkbox"/>
				Cigna Open Access Plus	<input type="checkbox"/>
				Cigna LocalPlus	<input type="checkbox"/>
				Prominence Health HMO	<input type="checkbox"/>
				Prominence Health POS	<input type="checkbox"/>
				Prominence Health PPO	<input type="checkbox"/>
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					<input type="checkbox"/>

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

Please submit completed form to: accountmanagement@wordandbrown.com