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LARGE GROUP HOSPITAL, MEDICAL GROP, PRPVIDERS, 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 HMO	☐
				Aetna Value Network (AVN)	☐
				Aetna HMO Deductible Network	☐
				Aetna Basic HMO	☐
				Aetna Whole Health Southern CA HMO	☐
				Aetna Open Access Managed Choice (OAMC)	☐
				Aetna Whole Health Southern CA (OAMC)	☐
				Anthem HMO	☐
				Anthem Select HMO	☐
				Anthem Priority Select HMO	☐
				Anthem Vivity HMO	☐
				Anthem Prudent Buyer PPO	☐
				Anthem Select PPO	☐
				Blue Shield Access+ HMO	☐
				Blue Shield Local Access+ HMO	☐
				Blue Shield Trio ACO HMO	☐
				Blue Shield SaveNet HMO	☐
				Blue Shield Full PPO	☐
				Blue Shield Tandem PPO	☐
				Cigna HMO	☐
				Cigna Select HMO	☐
				Cigna Value HMO	☐
				Cigna PPO	☐
				Cigna Open Access Plus (OAP)	☐
				Cigna Local Plus	☐

*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	
				Health Net Full HMO	☐
				Health Net CanopyCare	☐
				Health Net ExcelCare Network	☐
				Health Net SmartCare HMO	☐
				Health Net Salud HMO y Más	☐
				Health Net Full PPO	☐
				Sharp Choice HMO	☐
				Sharp Value HMO	☐
				Sharp Premier HMO	☐
				Sharp Performance HMO	☐
				UHC SignatureValue HMO	☐
				UHC Alliance HMO	☐
				UHC Harmony HMO	☐
				UHC Advantage HMO	☐
				UHC Focus HMO	☐
				UHC Select Plus PPO	☐
				UHC Core PPO	☐
				UHC Surest Select Plus	☐
				Western Health Advantage	☐
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