Word&Brown®

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 Choice POS II	☐
				Aetna AWH (Aetna Whole Health) *Available In Clark County Only*	☐
				Angle Health Cigna PPO	☐
				Anthem BluePriority HMO	☐
				Anthem BluePriority PPO	☐
				Anthem Guided Access HMO	☐
				Anthem Choice PPO	☐
				Cigna PPO	☐
				Cigna Open Access Plus	☐
				Cigna LocalPlus	☐
				Prominence HealthFirst HMO	☐
				Prominence Freedom Beyond	☐
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*Provider is the Doctor, Dentist, Vision, Hospital, Urgent Care, or Medical Group.

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