

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 *REPRESENTS A CALCHOICE NETWORK
				Aetna Full HMO <input type="checkbox"/>
				Aetna HMO Deductible <input type="checkbox"/>
				Aetna Value Network (AVN) <input type="checkbox"/>
				Aetna Basic HMO <input type="checkbox"/>
				AWH Southern CA HMO <input type="checkbox"/>
				Aetna Full MC PPO <input type="checkbox"/>
				Aetna Savings Plus <input type="checkbox"/>
				AWH Southern CA <input type="checkbox"/>
				Anthem HMO* <input type="checkbox"/>
				Anthem Select HMO* <input type="checkbox"/>
				Anthem Priority Select HMO <input type="checkbox"/>
				Anthem Prudent Buyer PPO* <input type="checkbox"/>
				Anthem Advantage 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 HMO <input type="checkbox"/>
				Cigna Select HMO <input type="checkbox"/>
				Cigna Choice Fund PPO <input type="checkbox"/>
				Cigna Open Access Plus w/Carelink <input type="checkbox"/>
				Cigna LocalPlus <input type="checkbox"/>
				Cigna + Oscar LocalPlus <input type="checkbox"/>
				Cigna + Oscar Open Access Plus <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 Full HMO* <input type="checkbox"/>
				Health Net WholeCare* <input type="checkbox"/>
				Health Net SmartCare HMO <input type="checkbox"/>
				Health Net CommunityCare HMO* <input type="checkbox"/>
				Health Net Salud HMO y Más* <input type="checkbox"/>
				Health Net PureCare HSP <input type="checkbox"/>
				Health Net PPO <input type="checkbox"/>
				Health Net Enchanced Care PPO <input type="checkbox"/>
				National General - The Aetna Signature Administrators PPO <input type="checkbox"/>
				National General - Aetna-Meritain Choice POS II <input type="checkbox"/>
				National General - Cigna Choice Fund PPO <input type="checkbox"/>
				National General - Cigna Open Access Plus w/Carelink <input type="checkbox"/>
				National General - Cigna LocalPlus <input type="checkbox"/>
				National General - PHCS <input type="checkbox"/>
				Oscar* <input type="checkbox"/>
				Sharp Premier* <input type="checkbox"/>
				Sharp Performance* <input type="checkbox"/>
				Sharp Choice <input type="checkbox"/>
				Sharp Value <input type="checkbox"/>
				Sutter Health Plus* <input type="checkbox"/>
				UHC SignatureValue HMO* <input type="checkbox"/>
				UHC Advantage HMO* <input type="checkbox"/>
				UHC Alliance HMO* <input type="checkbox"/>
				UHC Focus HMO <input type="checkbox"/>
				UHC Harmony HMO <input type="checkbox"/>
				UHC Select Plus PPO <input type="checkbox"/>
				UHC Core PPO <input type="checkbox"/>
				UHC Navigate EPO <input type="checkbox"/>
				Western Health Advantage* <input type="checkbox"/>

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