

# 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	
				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.

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Please submit completed form to: [accountmanagement@wordandbrown.com](mailto:accountmanagement@wordandbrown.com)

PROVIDER NAME* (REQUIRED)	STREET ADDRESS, CITY, ZIP CODE (REQUIRED)	FED TAX ID (OPTIONAL)	RX NAME AND DOSAGE	SELECT PLANS FOR REVIEW <small>*REPRESENTS A CALCHOICE NETWORK</small>	
				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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