

# 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 HMO <input type="checkbox"/>
				Aetna Value Network (AVN) <input type="checkbox"/>
				Aetna HMO Deductible Network <input type="checkbox"/>
				Aetna Basic HMO <input type="checkbox"/>
				Aetna Whole Health Southern CA HMO <input type="checkbox"/>
				Aetna Open Access Managed Choice (OAMC) <input type="checkbox"/>
				Anthem HMO <input type="checkbox"/>
				Anthem Select HMO <input type="checkbox"/>
				Anthem Priority Select HMO <input type="checkbox"/>
				Anthem Vivity HMO <input type="checkbox"/>
				Anthem Prudent Buyer 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 SaveNet HMO <input type="checkbox"/>
				Blue Shield Full PPO <input type="checkbox"/>
				Cigna HMO <input type="checkbox"/>
				Cigna Select HMO <input type="checkbox"/>
				Cigna Value HMO <input type="checkbox"/>
				Cigna PPO <input type="checkbox"/>
				Cigna Open Access Plus (OAP) <input type="checkbox"/>
				Cigna Local Plus <input type="checkbox"/>
				Health Net Full HMO <input type="checkbox"/>
				Health Net CanopyCare <input type="checkbox"/>

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

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
				Health Net ExcelCare Network <input type="checkbox"/>
				Health Net SmartCare HMO <input type="checkbox"/>
				Health Net Salud HMO y Más <input type="checkbox"/>
				Health Net Full PPO <input type="checkbox"/>
				Sharp Choice HMO <input type="checkbox"/>
				Sharp Value HMO <input type="checkbox"/>
				Sharp Premier HMO <input type="checkbox"/>
				Sharp Performance HMO <input type="checkbox"/>
				UHC SignatureValue HMO <input type="checkbox"/>
				UHC SignatureValue Alliance HMO <input type="checkbox"/>
				UHC SignatureValue Harmony HMO <input type="checkbox"/>
				UHC SignatureValue Advantage HMO <input type="checkbox"/>
				UHC SignatureValue Focus HMO <input type="checkbox"/>
				UHC Select Plus PPO <input type="checkbox"/>
				UHC Core PPO <input type="checkbox"/>
				Western Health Advantage <input type="checkbox"/>
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