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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	☐
				Aetna Value Network (AVN) HMO	☐
				Aetna AWH Southern CA HMO	☐
				Aetna OA Managed Choice POS (OAMC)	☐
				Aetna Open Choice PPO	☐
				Aetna Savings Plus OA Managed Choice POS (OAMC)	☐
				Anthem CaliforniaCare 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 PPO	☐
				Blue Shield Tandem PPO	☐
				Health Net Full HMO*	☐
				Health Net WholeCare HMO*	☐
				Health Net SmartCare HMO*	☐
				Health Net Salud HMO y Mas*	☐
				Health Net PPO	☐

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

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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	
				Sharp Premier*	☐
				Sharp Performance*	☐
				Sharp Value	☐
				Sharp Choice	☐
				Sutter Health Plus*	☐
				UHC SignatureValue HMO*	☐
				UHC Alliance HMO*	☐
				UHC Harmony HMO*	☐
				UHC Select Plus PPO	☐
				UHC Core PPO	☐
				UHC Navigate EPO	☐
				Western Health Advantage*	☐
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