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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 Full HMO	☐
				Aetna HMO Deductible	☐
				Aetna Value Network (AVN)	☐
				Aetna Basic HMO	☐
				Aetna PrimeCare HMO	☐
				Aetna Whole Health - Memorial Care	☐
				Aetna Whole Health - Providence	☐
				Aetna Savings Plus	☐
				Aetna PrimeCare PPO	☐
				Aetna Full MC PPO	☐
				Anthem HMO	☐
				Anthem Select HMO	☐
				Anthem Priority Select HMO	☐
				Anthem Vivity HMO	☐
				Anthem Prudent Buyer PPO	☐
				Anthem Select PPO	☐
				Blue Shield Access+ HMO	☐
				Blue Shield Access+ SaveNet HMO	☐
				Blue Shield Local Access+ HMO	☐
				Blue Shield Trio ACO HMO	☐
				Blue Shield PPO	☐
				Cigna HMO	☐
				Cigna PPO	☐
				Cigna Select HMO	☐
				Cigna Open Access Plus	☐

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

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	
				Cigna Value HMO	☐
				Cigna Local Plus	☐
				Health Net HMO	☐
				Health Net Elect Open Access (EOA)	☐
				Health Net Elect Open Access (EOA) ExcelCare	☐
				Health Net HMO ExcelCare	☐
				Health Net Salud HMO y Más	☐
				Health Net Smart Care HMO	☐
				Health Net PPO	☐
				CanopyCare HMO (Northern CA)	☐
				Sharp Choice	☐
				Sharp Value	☐
				Sharp Performance	☐
				Sharp Premier	☐
				UHC SignatureValue HMO	☐
				UHC Advantage HMO	☐
				UHC Alliance HMO	☐
				UHC Harmony	☐
				UHC Select Plus PPO	☐
				UHC Core PPO	☐
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