

# 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"/>
				Aetna PrimeCare HMO	<input type="checkbox"/>
				Aetna Full MC	<input type="checkbox"/>
				Aetna Savings Plus	<input type="checkbox"/>
				Aetna PrimeCare MC	<input type="checkbox"/>
				Aetna Whole Health - Memorial Care	<input type="checkbox"/>
				Aetna Whole Health - Providence	<input type="checkbox"/>
				Aetna Whole Health - SCCIPA	<input type="checkbox"/>
				Anthem HMO	<input type="checkbox"/>
				Anthem Select HMO*	<input type="checkbox"/>
				Anthem 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"/>
				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"/>

\*Provider is the Doctor, Hospital, Urgent Care, or Medical Group. (continued on back)

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

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