## SMALL GROUP HOSPITAL, MEDICAL GROUP, PROVIDERS, AND Rx SEARCH REQUEST

General Agency
Service of Unequalled Excellence

Disclaimer: The information contained below, including without limitation, provider search results, was collected by Word \& Brown from sources considered accurate and reliable at the time of collection. However, we have not verified nor can we guarantee the accuracy, timeliness, or completeness of such information. Users of this information further acknowledge and agree that the information contained below is provided merely as a guide by Word \& Brown. It is, therefore, recommended that the User verify the status of your coverage and the below information with your doctor's office and/ or the carrier before relying upon and basing any decisions on the information provided. Word \& Brown disclaims any and all liability regarding the accuracy and reliability of said information.

Client Name:

PROVIDER NAME*
(REQUIRED)

STREET ADDRESS, CITY, ZIP CODE (REQURED)

FED TAX ID
(OPTIONAL)

Broker Name:

T

RX NAME
AND DOSAGE AND DOSAGE

SELECT PLANS FOR REVIEW 'REPRESENTS A CALCHOICE NETWORK

Anthem Pathway HMO
Anthem Pathway PPO
Anthem Full PPO
Anthem Choice PPO

| PROVIDER NAME* <br> (REQUIRED) | STREET ADDRESS, CITY, ZIP CODE (REQUIRED) | FED TAX ID <br> (OPTIONAL) | RX NAME AND DOSAGE | SELECT PLANS FOR REVIEW 'REPRESENTS A CALCHOICE NETWORK |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  | $\square$ |
|  |  |  |  |  | $\square$ |
|  |  |  |  |  | $\square$ |
|  |  |  |  |  | $\square$ |
|  |  |  |  |  | $\square$ |
|  |  |  |  |  | $\square$ |
|  |  |  |  |  | $\square$ |
|  |  |  |  |  | $\square$ |
|  |  |  |  |  | $\square$ |
|  |  |  |  |  | $\square$ |
|  |  |  |  |  | $\square$ |
|  |  |  |  |  | $\square$ |
|  |  |  |  |  | $\square$ |
|  |  |  |  |  | $\square$ |
|  |  |  |  |  | $\square$ |
|  |  |  |  |  | $\square$ |
|  |  |  |  |  | $\square$ |
|  |  |  |  |  | $\square$ |
|  |  |  |  |  | $\square$ |
|  |  |  |  |  | $\square$ |
|  |  |  |  |  | $\square$ |
|  |  |  |  |  | $\square$ |
|  |  |  |  |  | $\square$ |
|  |  |  |  |  | $\square$ |
|  |  |  |  |  | $\square$ |
|  |  |  |  |  | $\square$ |
|  |  |  |  |  | $\square$ |
|  |  |  |  |  | $\square$ |
|  |  |  |  |  | $\square$ |
|  |  |  |  |  | $\square$ |
|  |  |  |  |  | $\square$ |
|  |  |  |  |  | $\square$ |
|  |  |  |  |  | $\square$ |
|  |  |  |  |  | $\square$ |
|  |  |  |  |  | $\square$ |

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

Please submit completed form to: wabprovidersearch@wordandbrown.com

