Willamette Valley Benefits, LLC.
Medical Review Form

Name:_____ DOB:_____ Gender:_____
Preferred Effective Date:_____

Address:_____
Street Address *Apt/Suite#*

_____
City *State* *Zip Code* *County*

Tobacco: ☐ Y ☐ N

☐Check this box if this is a new address, e-mail or phone number.
☐Check this box if you reside with someone else.

Home Phone:_____ Cell Phone:_____

Preferred Email:_____

By providing your email you are authorizing Willamette Valley Benefits, LLC. to include you on our email list and receive periodic emails from Willamette Valley Benefits, Inc.

Current Insurance Carrier/Plan Name:_____

Please list your Preferred Hospital and <u>Preferred Retail Pharmacy</u> below:

Hospital:
Preferred Retail Pharmacy:

Doctors:	Doctors Phone Number:
Primary Care Physician:	
Specialist:	

Name of Prescriptions:	Per Day	Dosage	Brand Only?	30 or 90-day refill
				☐ 30 day ☐ 90 day
				☐ 30 day ☐ 90 day
				☐ 30 day ☐ 90 day
				☐ 30 day ☐ 90 day
				☐ 30 day ☐ 90 day
				☐ 30 day ☐ 90 day
				☐ 30 day ☐ 90 day

If you have additional Doctors or Prescriptions, please attach a list to this review form or use the space provided on the back of this page. Additional questions on the back of this page.

Please Return to:
Willamette Valley Benefits, LLC
6400 SE Lake Road Suite 210
Milwaukie, OR 97222

Phone: 503-659-5566
Toll-Free: 1.888.944.4644
Fax: 503-659-5992
E-Email: info@wvbenefits.com

How did you hear about Willamette Valley Benefits, LLC?_____

If you are already a client of Willamette Valley Benefits, LLC. who is your insurance agent?_____

By returning this completed form, you are agreeing to have a representative of Willamette Valley Benefits, LLC. contact you regarding the information you provide above.

Extra Benefits I am Interested in:

Note: If you have a current Dentist, Vision or Alternative Care Provider be sure to include their information below.

☐ Routine Vision **Provider Name:** _____

☐ Dental **Provider Name:** _____

☐ Alternative Care **Provider(s) Name:** _____
(chiropractic, Acupuncture or Naturopath)

☐ Routine Hearing

☐ Travel Network

Additional Notes:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Willamette Valley Benefits, LLC. may not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact Medicare.gov or 1-800-MEDICARE (1-800-633-4227) to get information on all your options.

By returning this completed form, you are agreeing to have a representative of Willamette Valley Benefits, LLC contact you regarding the information you provide above.