

Willamette Valley Benefits, LLC. Medical Review Form

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

Address: _____
Residential 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.

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, LLC. You may opt out at anytime.

Current Insurance Carrier/Plan Name: _____

<u>Hospital & Providers:</u>	<u>Providers Phone Number:</u>
Preferred Hospital:	
Primary Care Physician:	
Specialists:	

<u>Pharmacy & Prescriptions:</u>	<u>Dosage</u>	<u># Per Day</u>	<u>Brand or Generic</u>
Retail Pharmacy Name:			

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-Mail: 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:** _____

Medical Vision **Provider Name:** _____

Dental **Provider Name:** _____

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

Physical Therapist **Provider Name:** _____

Durable Medical Provider **Provider Name:** _____
(Oxygen, Diabetic Supplies, Cpap, Etc)

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.

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