Willamette Valley Benefits, LLC | Medical Review Form

Name:_____ **DOB**:_____ **Gender**:_____

Preferred Effective Date for new plan or plan change: _____ **Tobacco**: ☐ **Y** ☐ **N**

☐ ***Check this box if the address, e-mail, or phone number below are new.***

Address: _____
Residential Address *Apt/Suite#*

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

Home Phone:_____ **Cell Phone**:_____
Please indicate which phone is preferred: ☐ ***Home*** ☐ ***Cell***

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 Plan Name:_____

1 - In the space below, please list your current providers and their contact information.

PROVIDER/HOSPITAL NAME	OFFICE NAME	OFFICE PHONE NUMBER
HOSPITAL:		
PRIMARY CARE:		
SPECIALIST:		
SPECIALIST:		
SPECIALIST:		
VISION_ROUTINE:		
VISION_MED:		
DENTIST:		
ALTERNATIVE CARE:		
PHYSICAL THERAPY:		
OTHER:		

If 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.

2 - Please list your current prescription medications (do not include over-the-counter medications) so we can determine the tier the prescription medications fall under.

Pharmacy & Prescriptions **If you have a pre-printed list (like a list from your pharmacy) you may provide that to us instead of writing that information below**	**Dosage**	**# Per Day**	**Are you taking the BRAND or GENERIC form of the medication?**
PREFERRED Retail Pharmacy Name:			
			Brand | Gen.
			Brand I Gen.
			Brand | Gen.
			Brand | Gen.
			Brand | Gen.
			Brand | Gen.
			Brand | Gen.
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			Brand | Gen.
			Brand | Gen.
			Brand | Gen.
			Brand | Gen.

Additional Notes:

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
Email: info@wvbenefits.com