

Willamette Valley Benefits, Inc. Medical Review Form

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

Address: _____
Street Address Apt/Suite#

City State Zip Code County

Check box if this is a new address, e-mail or phone number.

Phone: _____ Tobacco: Y N

Preferred Email: _____
By providing your email you are authorizing Willamette Valley Benefits, Inc. 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 Preferred Retail Pharmacy 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
				<input type="checkbox"/> 30 day <input type="checkbox"/> 90 day
				<input type="checkbox"/> 30 day <input type="checkbox"/> 90 day
				<input type="checkbox"/> 30 day <input type="checkbox"/> 90 day
				<input type="checkbox"/> 30 day <input type="checkbox"/> 90 day
				<input type="checkbox"/> 30 day <input type="checkbox"/> 90 day
				<input type="checkbox"/> 30 day <input type="checkbox"/> 90 day
				<input type="checkbox"/> 30 day <input type="checkbox"/> 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, Inc.
 6400 SE Lake Road Suite 210
 Milwaukie, OR 97222

Please check this box if you have received your COVID-19 vaccination.

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

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

