Willamette Valley Benefits, Inc.
Medical Review Form

Name:________________________________ DOB:____________ Gender:__________

Preferred Effective Date:_________________

Address:____

Street Address *Apt/Suite#*

____

City *State* *Zip Code* *County*

Tobacco: ☐ Y ☐ N ☐Check 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, 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
				☐ 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, Inc.
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, 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.

Extra Benefits I am Interested in:

- ☐ Routine Vision
- ☐ Alternative Care(Chiropractic, Acupuncture or Naturopath)
- ☐ Routine Hearing
- ☐ Dental
- ☐ Insulin Savings
- ☐ Travel Network throughout the United States

Additional Notes:

Willamette Valley Benefits, Inc. 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, Inc. contact you regarding the information you provide above.