



## SPECIALTY PROVIDER LEAD SHEET BY PCP

## **HEALTHPLAN** (CHOOSE ALL THAT APPLY):

## **PREFERRED CARE NETWORK (Formerly Medica Healthcare)**

PREFERRED CARE PARTNERS

## **PRIMARY CARE PHYSICIAN INFORMATION:**

FIRST	МІ		LAST	
ADDRESS	SUITE	ST	ZIP	PHONE NUMBER
RECOMMENDED PROVIDER(S):				
PROVIDER NAME	COUNTY	NTY	SPECIALTY	PHONE