



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