



SPECIALTY PROVIDER LEAD SHEET BY PCP

HEALTHPLAN (CHOOSE ALL THAT APPLY): PREFERRED CARE NETWORK PREFERRED CARE PARTNERS PRIMARY CARE PHYSICIAN INFORMATION:				
PRIMARY CARE PHYSICIAN INFO	RIVIATION:			
FIRST	MI		LAST	
ADDRESS RECOMMENDED PROVIDER(S):	SUITE	ST	ZIP	PHONE NUMBER
PROVIDER NAME	COUNTY		SPECIALTY	PHONE