



Fax to: **973-305-1525**

Or email: **info@BenefitSolutions.com**

## Physician Search Report

Please fill in the requested information concerning the physicians used by your company's employees and their families. This will help in evaluating the provider networks of each insurance carrier. Exact spelling of Provider Information is necessary to find a match in our search.

**Company Name:** \_\_\_\_\_ **Contact Name:** \_\_\_\_\_ **Tel #:** \_\_\_\_\_

	<u>Last Name</u>	<u>First Name</u>	<u>City</u>	<u>State</u>	<u>Specialty</u>	<u>County</u>
1.					<input type="checkbox"/> PCP	
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