

## Doctor/Specialist Sheet (optional):

**Name:** \_\_\_\_\_

Please provide your doctoring network for our agents – though this is optional, it will allow us to make sure the plans considered will have your full network available to you. If you do not have any of these, please feel free to leave the spaces blank, or write “N/A”

**Primary Care Provider** (location name):

\_\_\_\_\_

**Specialists** – this would involve individuals such as eye doctors, orthopedics, oncologists, etc.

– Please provide their names and locations that you see them at:

1: \_\_\_\_\_

2: \_\_\_\_\_

3: \_\_\_\_\_

4: \_\_\_\_\_

5: \_\_\_\_\_

6: \_\_\_\_\_

**Dentist** (Dentist name and location):

\_\_\_\_\_

Are there any other places you go to (or would like to be accessible) that we should know about?  
This includes places like Mayo Clinic, Regions Hospital, and other specialty areas:

1: \_\_\_\_\_

2: \_\_\_\_\_

3: \_\_\_\_\_

4: \_\_\_\_\_