

We are continually reviewing our health benefits in an effort to improve your coverage. In line with this objective it is important to determine that sufficient numbers of providers are available within the network of a new plan being investigated. We would like your cooperation in assisting us in the completion of a survey of the physicians currently being used by our employees and their families. Kindly complete the attached form indicating the physician information requested for yourself and your covered family members where applicable. Please be sure to include the primary care physician as well as any specialist information.

Employee Name			
Please return this form to	no later than		
	Thank you!		
DOCTOR NAME	<u>SPECIALITY</u>	<u>LOCATION</u>	<u>PHONE</u>