

HEALTH CARE PROVIDER INFORMATION



Enter your healthcare provider information at least 10-14 days prior to your consultation; doing so will shorten the amount of time you spend on the consultation call.

YOUR NAME _____ **PHONE** _____

Please list your current health care providers below. Some health care plans like HMOs and PPOs use networks. Gathering your health care providers' information here will help your Benefits Counselor compare access to your current providers. You may also contact your providers and ask them which plans they accept.

CURRENT HEALTH CARE PROVIDERS (PRIMARY CARE, SPECIALISTS, ETC.)

NAME	ADDRESS	PHONE NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

When you're done, save your changes and email the form back to us at retiree.exchange@mercer.com. Remember, anything you send will be transmitted securely and will never be shared.

Your information will be pre-loaded and available for your Benefits Counselor prior to your consultation.

Please fax, mail, or email this worksheet 10-14 days prior to your scheduled appointment to:



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