



Please list the current doctors you see. We will use this information when comparing plans, and to verify your doctor's participation.

Primary Physician

(name) _____
(phone) _____
(addr) _____

Specialists

(name) _____
(phone) _____
(specialty) _____
(name) _____
(phone) _____
(specialty) _____

Specialists

(name) _____
(phone) _____
(specialty) _____
(name) _____
(phone) _____
(specialty) _____
(name) _____
(phone) _____
(specialty) _____
(name) _____
(phone) _____
(specialty) _____

You may mail or fax your completed questionnaire to:

VibrantUSA
4164 Meridian, Suite 210
Bellingham, WA 98266

OR Fax: 877-316-7688