

# Get Ready for an Event



**Before you head to your community meeting or event, take a few minutes to fill out this form with:**

- + Your information.
- + Information about the meeting or event you want to attend.
- + The doctors, hospitals, and pharmacies you like - as well as the prescription medicines you take.

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

County of Residence: \_\_\_\_\_

## Information about Your Meeting or Event

Date & Time: \_\_\_\_\_

Location: \_\_\_\_\_

**Take this worksheet to your meeting and a member of our team will compare it across our networks and drug list for you.**



## Doctors and Hospitals

Doctor or Hospital Name	Address and/or Phone Number	BlueAdvantage PPO <sup>SM</sup>

- + A "Yes" in the **BlueAdvantage (PPO)<sup>SM</sup>** column indicates that this provider is in the network.
- + A "No" in the **BlueAdvantage (PPO)<sup>SM</sup>** column indicates that this provider is not in the network.



## Pharmacy

Pharmacy	Address and/or Phone Number	Comments

- + "Standard" in the Comments column means that this pharmacy is in the Standard Pharmacy network.
- + "Preferred" in the Comments column means that this pharmacy is in the Preferred Pharmacy network.
- + "No" in the Comments column means that this pharmacy is not in the network.

