



Confused About Your New Health Insurance?

DestinationHealth has the tools and information to help you get the most out of your health insurance and make your health care work for you.

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My Health Care Providers

You should have one main health care provider or primary care provider, but you will probably get health services in other places too. Lots of doctor's offices and clinics send you to other places to pick up medicines and get lab tests and screenings. You may also see doctors who are specialists in treating a particular condition. **Use this sheet to keep track of where you and your family get your care.**

My Provider	Name of Health Care Provider:			
	Practice (e.g. name of clinic):			
	Street Address:		City:	State: Zip:
	Phone:	() -	Answering service: (for after-hours questions)	() -
	Days and times when open:			
Spouse/Partner's Provider	Name of Health Care Provider:			
	Practice (e.g. name of clinic):			
	Street Address:		City:	State: Zip:
	Phone:	() -	Answering service: (for after-hours questions)	() -
	Days and times when open:			
Child's Provider (Pediatrician)	Name of Health Care Provider:			
	Practice (e.g. name of clinic):			
	Street Address:		City:	State: Zip:
	Phone:	() -	Answering service: (for after-hours questions)	() -
	Days and times when open:			

Pharmacy	Name of Pharmacy: <small>(e.g. CVS, RiteAid, Giant)</small>			
	Pharmacist:			
	Street Address:		City:	State: Zip:
	Phone: () -	Days and times when open:		
Specialist	Specialty:			
	Whose Provider: <small>(Who in the family sees this specialist)</small>			
	Provider Name:			
	Practice <small>(e.g. name of clinic):</small>			
	Street Address:		City:	State: Zip:
	Phone: () -	Answering service: <small>(for after-hours questions)</small>	() -	
	Days and times when open:			
Specialist	Specialty:			
	Whose Provider: <small>(Who in the family sees this specialist)</small>			
	Provider Name:			
	Practice <small>(e.g. name of clinic):</small>			
	Street Address:		City:	State: Zip:
	Phone: () -	Answering service: <small>(for after-hours questions)</small>	() -	
	Days and times when open:			
Specialist	Specialty:			
	Whose Provider: <small>(Who in the family sees this specialist)</small>			
	Provider Name:			
	Practice <small>(e.g. name of clinic):</small>			
	Street Address:		City:	State: Zip:
	Phone: () -	Answering service: <small>(for after-hours questions)</small>	() -	
	Days and times when open:			
Hospital	Name of Hospital:			
	Street Address:		City:	State: Zip:
	Days and times when open:			