



# RBR Benefit Services

Employee Benefits & Medicare Plans

**RBR Benefit Services, Inc.**

Phone: 504-909-9644

Fax: 504-875-3072

Email: [rhonda@rbrbenefitservices.com](mailto:rhonda@rbrbenefitservices.com)

[www.rbrbenefitservices.com](http://www.rbrbenefitservices.com)

## Client Physician List

CLIENT NAME: \_\_\_\_\_ ID# \_\_\_\_\_ DATE: \_\_\_\_\_

PLAN NAME: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

Please fill out (PRINT) the required Physician Names and scan this form to [rhonda@rbrbenefitservices.com](mailto:rhonda@rbrbenefitservices.com) as a **PDF file** attachment. Include physician's COMPLETE first and last names.

MD #	PHYSICIAN FIRST NAME	PHYSICIAN LAST NAME	SPECIALITY
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			