CARE OPTIONS PLAN

URGENT CARE CENTER:
Locate your nearest Urgent Care Center:

Name: 
Phone Number: 
Address: 
Days & Hours of Operation: 

PHONE NUMBERS:

Who is your Primary Care Provider?
Name: 
Phone Number: 

Who is your Emergency Contact?
Name: 
Phone Number: 

Who is your Consulting Nurse Hotline Number?
Name: 
Phone Number: 

EMERGENCY ROOM:
Locate your nearest Emergency Room:

Name: 
Phone Number: 
Address: 

Urgent Care Centers & Primary Care Providers

- Allergies
- Asthma Attack
- Back Ache
- Cold, Flu, Fever
- Cough
- Diarrhea
- Dizziness
- Headaches
- Migraines
- Minor Burns
- Minor Cuts
- Nausea
- Sore Throat
- Sprains
- Stitches
- Urinary Tract Infections

Emergency Room

- Chest Pain
- Compound
- Fractures
- (Visible bone)
- Persistent Fever
- Ingestion of Poison
- Seizures
- Severe Asthma
- Attack
- Severe Burns
- Shock
- Uncontrollable Bleeding

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