

Cigna Medical Provider Nomination Form

If you are aware of a health care professional you believe is not currently contracted with Cigna and might be interested in joining our network, we encourage you to speak with him/her about Cigna. They can contact us with any questions or to request a contract at 1.800.88Cigna.

If you would like to provide us with the health care professional's information we can also contact them directly. Please complete the health care professional's name, address, specialty and telephone number on the lower half of this page. Return this form by e-mail or fax using the information below.

We will contact the health care professional regarding participation in our provider network. Please keep in mind the submission of this nomination form in no way guarantees he/she will be added to the network*. We will do our best to expand our extensive health care professional network utilizing your suggestions as appropriate.

Please note that Cigna has national agreements in place for certain services and therefore, we will not be able to recruit the following specialties: Laboratory Services, Home Health Services, Home Infusion Services, Durable Medical Equipment, Prosthetics and Orthotics, High tech radiology and Audiology

Return form to:		
Keturn form to:	CIGNA	
Atte	ntion: Christine Clinton	
	stine.Clinton@Cigna.com	
	or	
	Fax - 860-697-4226	
FUND OFFICE:		
PROVIDER OR CLINIC NAME & SPECIALTY:		
ADDRESS:		
CITY & STATE:		
ZIP CODE:		
TELEPHONE:	()	
YOUR NAME (optional):		
CALL BACK NUMBER:		
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- The following are a few examples of provider recruitment limitations:
 - Providers must meet all credentialing and quality guidelines.
 - Providers must have admitting privileges to a contracted hospital.
 - Providers need to accept our standard fee schedule offered to other providers in their area
 - We may not be able to contract with a provider due to exclusivity provisions in another agreement or promises that we would not contract with every provider in their specialty in the service area.