



## Behavioral Health Provider Nomination Form

We are committed to providing you with customer satisfaction and continually growing our behavioral health provider network. Please use the form below to tell us about a behavioral health provider who might be interested in joining our network. Simply complete the lower half of this page and fax it back to us at 860.731.3443. If you prefer, you may give the form to your provider to complete and return.

**To make sure the provider isn't already part of our network**, check the directory on our website [www.CignaBehavioral.com](http://www.CignaBehavioral.com). Simply click on "Find a Therapist/ Psychiatrist" under the "Member" tab and then "Search by Name."

\*\*\*\*\*

**CIGNA**  
**Provider Services**  
**1.800.926.2273**  
**Fax: 860.731.3443**

**BEHAVIORAL PROVIDER'S FULL NAME:** \_\_\_\_\_

**PROVIDER TYPE (please check one):**

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Psychiatrist  | <input type="checkbox"/> Counselor   |
| <input type="checkbox"/> Psychologist  | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Social Worker |                                      |

**PROVIDER ADDRESS:** \_\_\_\_\_

**CITY, STATE & ZIP CODE:** \_\_\_\_\_

**TELEPHONE: (\_\_\_\_) \_\_\_\_\_ FAX NUMBER: (\_\_\_\_) \_\_\_\_\_**

**PROVIDER EMAIL:** \_\_\_\_\_

**YOUR NAME (optional):** \_\_\_\_\_

Please note that submission of this form does not guarantee the behavioral provider will be added to our network.