**Cigna Medical Provider Nomination Form**

If there is a provider that 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 provider’s information we can also contact them directly. Please complete the provider’s name, address, specialty and telephone number on the lower half of this page. Return this form by mail or fax using the information below.

We will contact the provider 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 provider network utilizing your suggestions as appropriate.

To check the status of your request, please call the customer service number on your ID card and the customer service representative can verify whether the provider has been added to the network.

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

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**CIGNA**

**Attention: Medical Recruitment Team**

 **4616 U. S. Highway 75 South**

**Denison, TX 75020**

**Fax – 860-318-3729**

**MedicalHCPEnrollment@cigna.com**

# PROVIDER FULL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROVIDER SPECIALTY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**CITY & STATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ZIP CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TELEPHONE: \_\_\_(\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**YOUR EMPLOYER:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* 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.*