

# CIGNA PROVIDER NETWORK CHANGE FORM

In order to change from an Arizona Provider Network Physician to a CIGNA Medical Group Network physician (at the lower premium), or if you are currently assigned to a CIGNA Medical Group physician and would like to change to an Arizona Provider Network physician (higher premium rate), you must fill out, sign and return this form.



**CIGNA HealthCare of Arizona**  
A Business of Caring.

## CIGNA Medical Group Network – AZ 802

The CIGNA Medical Group Network consists of primary and specialty care providers located at the **17 CIGNA Health Care Centers** across the valley. Lab, X-ray and pharmacy services are all conveniently located under one roof. This network is offered at a lower monthly premium.

## ARIZONA PROVIDER NETWORK – AZ 801

The Arizona Provider Network includes a wide selection of private practice providers in the CIGNA HealthCare of Arizona Contracted network as well as incorporating the CIGNA Medical Group, giving you a larger selection of physicians and specialists. This network offers a larger, more comprehensive choice of physicians and is offered at a higher monthly premium.

For a directory of available providers please call 1-800-224-6224. Remember that a Primary Care Physician must be chosen for each member on the Plan, either from the CIGNA Medical Group Network of Physicians or the Arizona Provider Network Physicians. Complete and sign this form.

**Forms received on or before the 5<sup>th</sup> of the month will be effective the 1<sup>st</sup> of the following month.**

**For example,** the effective date of coverage for a form received on or before April 5<sup>th</sup> would be May 1<sup>st</sup>. Benefit coverage is the same for the CIGNA Medical Group and Arizona Provider networks; however, the monthly premium rates for the CIGNA Medical Group are **lower**.

### Primary Policyholder Information

Last Name:	First Name:	Middle Initial:
CIGNA ID#:	Address:	
Daytime Phone:	City, State:	Zip:
PCP Name:	PCP ID:	Existing Patient: <input type="checkbox"/> Yes <input type="checkbox"/> No

	Name (Last, First, MI)	CIGNA Medical Group PCP Name	CIGNA Medical Group PCP ID	Existing Patient	
Spouse				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dependents				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Primary Policyholder*

**PLEASE MAIL TO THE ADDRESS BELOW OR FAX TO : 603-268-7578**

CIGNA HEALTHCARE  
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CONCORD, NH 03302