



Welcome to CIGNA HealthCare and thank you for selecting our plan for you and your family members!

CIGNA is committed to superior customer satisfaction. We are interested in receiving referrals from our membership regarding providers you have enjoyed a good relationship with and who deliver excellent care. We do consider these providers when expansion to our CIGNA HealthCare network is required.

If you are aware of a provider you think might be interested in joining our network who is not currently contracted with CIGNA, please fill in the provider's name, address and telephone number on the lower half of this page. Return this form to the CIGNA account manager list below.

As appropriate, we will contact the provider regarding our network offering. Please keep in mind the submission of the provider nomination form in no way guarantees he/she will be added to the network*. We will do our best to continue to expand our extensive provider networks utilizing your suggestions as appropriate.

Please submit the completed form to:
CIGNA HealthCare
Attn: Lee Nation
Two Securities Centre, Suite 200
3500 Piedmont Road NE
Atlanta, GA 30305

PROVIDER OR CLINIC NAME: _____

PROVIDER SPECIALTY: _____

ADDRESS: _____

CITY & STATE: _____

ZIP CODE: _____

TELEPHONE: _____

YOUR NAME (optional): _____

* Please note that we cannot approach or contract with all nominated providers. The following are a few examples of provider recruitment limitations:

- *Providers must meet all credentialing and quality guidelines*
- *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.*
- *Providers need to have admitting privileges to a contracted hospital.*
- *Providers need to accept our standard fee schedule offered to other providers in their area.*