



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. Your provider can contact us with any questions or contact our Medical Recruitment Team at 1.800.88Cigna.

If you would like to provide we can also contact your provider directly. To do so, please complete the provider's name, address, specialty and telephone number on the lower half of this page. Return this form by mail, fax or email using the information below.

Once your request is received, 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 ensure the continued quality of providers in our network, providers adhere to Cigna network guidelines.

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 must also 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.

To check the status of your request, please call 1-877-501-7992 and the customer service representative can verify whether the provider has been added to the network. You can also research provider status online by going to MyCigna.com

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

PROVIDER FULL NAME: _____

PROVIDER SPECIALTY: _____

ADDRESS: _____

CITY & STATE: _____

ZIP CODE: _____

TELEPHONE: (____) _____

YOUR NAME (optional): _____

YOUR EMPLOYER: _____

Once completed send your form to our Medical Recruitment team using one of the methods below:

By Mail: CIGNA

Attention: Medical Recruitment Team
730 Cool Springs Blvd
Suite 500
Franklin, TN 37067

By Fax: 1-860-318-3729

By Email: MedicalHCPEnrollment@cigna.com