

# CIGNA MEDICAL NETWORK PROVIDER RECOMMENDATION FORM

Let's grow our quality provider network, together.

To recommend a provider to the Cigna Medical network, simply complete and return the form below.

PROVIDER FIRST AND LAST NAME: \_\_\_\_\_

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

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

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

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

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

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

YOUR EMPLOYER (optional): \_\_\_\_\_

Submit your completed form in the way that is most convenient for you.



Mail

Attention: Medical Recruitment Team  
4616 U.S. Highway 75 South  
Denison, TX 75020



Email

MedicalHCPEnrollment@cigna.com



Fax

860.318.3729

Please know that we value your input and will do our best to expand our provider network based on your suggestion. However, submission of this form does not guarantee your provider will be added to the network due to several recruitment limitations.\* To check the status of your request and verify whether your provider has been added to the Cigna network, call the customer service number on your ID card anytime.

Together, all the way.®



\* Recruitment limitations may include, but are not limited to, the following:

- 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.
- Cigna has national agreements in place for certain services and 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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