

Dear Member:

CIGNA is committed to superior customer satisfaction. We are interested in receiving referrals from you regarding providers with whom you have a good relationship and who deliver excellent care.

If you know of a provider who is not currently contracted with CIGNA but who might be interested in joining our network, please fill out the lower half of this page and return this form to Dean Mausolf at CIGNA HealthCare. To speed up the nomination process, you may ask the doctor to contact CIGNA as well.

Note: Our network is extensive and we often receive nominations for doctors who already participate in the CIGNA network. **Please verify that your doctor does not participate before submitting a provider nomination.**

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.

CIGNA HealthCare
ATTN: Dean Mausolf
Email: Jarold.mausolf@cigna.com
Email the form or picture of the form

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.*