

Dear Employee:

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 **Health+**.

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.

**ATTN: Health+ Benefits Service Center
1201 Roberts Blvd, Suite 110
Kennesaw, GA 30144
Fax (678) 797-5170**

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.*