



Behavioral Health Provider Nomination Form

We are committed to meeting the needs of our members and are continually growing our behavioral health provider network. Please use the form below to tell us about a behavioral health provider who might be interested in joining our network. If you prefer, you may give the form to your provider to complete and return. Upon receipt, a member of the behavioral recruitment team will outreach the provider with an invitation to join Cigna's behavioral network.

Return form to:

**Cigna Healthcare
Provider Services
Fax: 800-657-3073**

Email: DenisonBehavioralRecruitment@Cigna.com

or

If your provider is interested in being considered for the Cigna network, your provider can obtain preliminary application information at www.CignaforHCP.com. Please have your provider use the following recruitment code on the application: 2APWU

FUND OFFICE: AMERICAN POSTAL WORKERS HEALTH PLAN

BEHAVIORAL PROVIDER'S FULL NAME: _____

PROVIDER TYPE (please check one):

Psychiatrist/Nurse Practitioner

Counselor

Psychologist

Autism/Applied Behavior Analyst

Social Worker

Other: _____

PROVIDER ADDRESS: _____

CITY, STATE & ZIP CODE: _____

TELEPHONE: (____) _____ FAX NUMBER: (____) _____

PROVIDER EMAIL: _____

YOUR NAME (optional): _____

YOUR PHONE NUMBER: _____

YOUR EMAIL ADDRESS: _____

Please note that submission of this form does not guarantee that the behavioral provider will be added to our network. Providers must meet all credentialing and quality guidelines.

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