Dear APWU Health Plan Member:

Cigna is committed to superior member satisfaction. We are interested in receiving referrals from members 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 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 and mail this form to the address listed below. The nomination process can take several months and in order to expedite all requests we are requesting that all forms be mailed as soon as possible.

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 whenever possible.

Return form to:

Cigna HealthCare
Teresa Reitz
10940 Little Patuxent Parkway
4th Floor
Columbia MD. 20144
Fax: 800-657-3073
Teresa.reitz@cigna.com

FUND OFFICE:

PROVIDER OR CLINIC NAME & SPECIATY: _____

ADDRESS: _____

CITY & STATE: _____

ZIP CODE: _____

TELEPHONE: _____

YOUR NAME (optional): _____
CALL BACK NUMBER: _____
E-MAIL ADDRESS: _____

***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 exclusively provisions in another agreement or premises 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.