

Dartmouth College Provider Nomination Form

Dear Cigna Customer,

We're committed to providing you with customer satisfaction and continually growing our health care professional network. That's why we want to hear from you. Do you know any behavioral practitioners who deliver excellent care but are not in our network? Do you currently see a specialist or primary care doctor not associated with Cigna?

Please verify that the doctor/practitioner does not already participate in our network before submitting the form by calling 1-800-564-7642.

If they are interested in joining or you would like to nominate them, please fill out the information below in full and fax back to:

Melissa Lynde @ 1-860-298-2346

Once received we will reach out to the doctor directly.

Thank You,

Cigna Provider Relations

Doctor's Full Name: _____

Doctor's Type: **PCP** **Specialist** **Behavioral Health** **Other**

Address: _____

City and State: _____

Zip Code: _____

Telephone Number: _____

Fax Number: _____

Your Name: _____

Please note that submission of this form does not guarantee the health care professional will be added to our network.