



Dear SAMBA 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/CareAllies but who might be interested in joining our network, please fill out the lower half of this page and return the form to M. Caroline Davis-Alpis at CIGNA HealthCare. To speed up the process you may ask the provider to contact Cigna directly as well.

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

As appropriate we will contact the provider regarding our network offerings. 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: M. Caroline Davis-Alpis
111 South Calvert Street
Suite 1600
Baltimore, MD 21202
800.657.3073 (FAX)

PROVIDER OR CLINIC NAME:

PROVIDER SPECIALTY:

STREET ADDRESS:

CITY, STATE, ZIP CODE:

TELEPHONE:

YOUR NAME (OPTIONAL):

*Please note we cannot approach or meet with all nominated providers. The following are a few examples of recruitment limitations.

- *Providers must meet all quality and credentialing 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*