



*\*Mohawk/DTU*

## Behavioral Health Care Professional Nomination Form

Please use the form below to tell us about a behavioral health care professional who might be interested in joining our network. Simply complete the lower half of this page and fax it back to us at 860.731.3443. If you prefer, you may give the form to your health care professional to complete and return.

**To make sure the health care professional isn't already part of our network**, check the directory on our website [www.CIGNABehavioral.com](http://www.CIGNABehavioral.com). Simply click on "Find a Therapist/Psychiatrist" under the "Member" tab and then "Search by Name."

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**Cigna**  
Provider Services  
1.800.926.2273  
Fax: 860.731.3443

**PRACTITIONER'S FULL NAME:** \_\_\_\_\_

**PRACTITIONER'S TYPE: (please check one):**  Psychiatrist  Psychologist  
 Social Worker  Counselor  Other \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY & STATE:** \_\_\_\_\_

**ZIP CODE:** \_\_\_\_\_

**TELEPHONE: ( )** \_\_\_\_\_ **FAX NUMBER: ( )** \_\_\_\_\_

**YOUR NAME (optional):** \_\_\_\_\_

Important: Sending us this form doesn't guarantee the health care professional will be added to our network.

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