

CIGNA HEALTH BENEFITS PROGRAM

A

PHYSICIAN NOMINATION FORM
CIGNA HEALTHCARE OPEN ACCESS PLUS PLAN
For Employees of Vernon Public Schools

Employee Name:

Company/Department:

I would like the following doctor to be considered for participation
in the OPEN ACCESS PLUS Network:

Physician's Name

Phone Number

Address

Specialty

I understand that this doctor's participation is subject to his or
her desire to participate in the network and is subject to the CIGNA
HealthCare credentialing criteria.

Employee Signature

Date

Please return complete forms to:
Angela Diaz
CIGNA
Fax: 877.828.3849