



Dear Fairfax County Government Employee:

Welcome to Cigna HealthCare and thank you for selecting our plan for you and your family members!

Cigna is committed to superior customer satisfaction. We are interested in receiving referrals from our customers regarding providers you have enjoyed a good relationship with; as well as deliver excellent care.

Please complete the information on the lower half of this page if you are aware of a non-participating provider you think may be interested in joining Cigna's network. You may return this form to HR Central upon completion.

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 as appropriate.

**Fairfax County Government
ATTN: Benefits/HR Central
12000 Government Center Parkway
Suite 270
Fairfax, VA 22035
Fax (703) 802-8795**

PROVIDER OR CLINIC NAME: _____

PROVIDER SPECIALTY: _____

ADDRESS: _____

CITY & STATE: _____

ZIP CODE: _____

TELEPHONE: _____

YOUR NAME (optional): _____

* 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 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.*