

CIGNA DENTAL



Dentist Nomination Form

Dentist First & Last Name _____ *(Required)*

Dentist Type: DHMO DPPO *(Please Check One)*

Dental Specialty: General Dentist Specialist (i.e. Endodontics, Oral Surgery, Orthodontics, Dental Therapist, Hygienist, Denturist) *(Please Check One)*

Dentist Contact Information:

Street Address _____ *(Required)*

Suite _____ *(Required if applicable)*

City _____ *(Required)*

State _____ *(Required)*

Zip Code _____ *(Required)*

Phone _____ *(Optional)*

Fax _____ *(Optional)*

Customer Name (First and Last Name) _____ *(Required)*

Customer phone number _____ *(Required)*

Customer email address _____ *(Required)*

Please submit the completed form to any one of the following:

Mail: Cigna Dental

Attn: National Contracting Unit
4616 US Hwy 75 S
Denison, TX 75020

E-mail: DentistEnrollment@Cigna.com

Fax#: 860-771-4228

We look forward to reviewing your request. Please allow 10-15 business days for us to further research and handle. We will contact you once we have updates to share. If you need immediate assistance, please call us at **1.800.280.9622**. We'll be happy to help you.

Together, all the way.®



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