County of San Bernardino
Dental Provider Request Form
DHMO and DPPO Plans

If your dentist is not currently a DHMO or DPPO provider with Cigna Dental Care and you would like Cigna to request that they join the network, please provide your and your dental providers information in the form fields below. Please confirm the provider has joined the Cigna network prior to scheduling an appointment.

Please confirm the provider has been added to the Cigna network prior to scheduling an appointment.

TO BE COMPLETED BY EMPLOYEE

Name: _____

Department: _____

DENTAL OFFICE INFORMATION

Name: _____

Street Address: _____

City: _____

Telephone: _____

Specialty: _____

- Have you already discussed Cigna with this dentist? ☐ Yes ☐ No
- May we use your name when we contact the dentist? ☐ Yes ☐ No
- Which Dental Plan are you interested in? ☐ DHMO ☐ DPPO

Please submit your request by:

- Clicking on the **submit** button at the bottom of this form
- Email: Clientstrategyteam@cigna.com (include your name and your employer's name, provider's name, address, phone number and specialty).
- Mail: Cigna National Contracting Unit
  P.O. Box 9072
  Denison, TX 75020
- Fax: (860) 517-3507

CLEAR FORM **CLICK TO SUBMIT**

Please note: "Cigna" and "Cigna Dental Care" are registered service marks, and the "Tree of Life" logo and "Cigna Dental" are service marks, of Cigna Intellectual Property, Inc., licensed for use by Cigna Corporation and its operating subsidiaries. All products and services are provided by or through such operating subsidiaries and not by Cigna Corporation.

© 2012 Cigna Dental