

CIGA MPN PROVIDER SELF-NOMINATION FORM

Please complete all appropriate fields in the self-nomination form for the custom CIGA Anthem MPN. Submitting a nomination form does not guarantee participation and is only an application to be considered for the MPN.

Once submitted Anthem will reply confirming receipt, however Providers will not receive further communication from Anthem unless credentialing is required. Providers must complete the credentialing process with Anthem to be considered for the CIGA Anthem MPN. The process can take 120 days or more. CIGA will contact the provider if they are added to the MPN.

Any provider added to the CIGA Anthem MPN must be willing to accept all CIGA injured workers as patients, including transition cases.

To submit additional physicians please print additional copies of this form, or attach a roster of treating physicians. Name, Tax ID, and license are required when including rosters.

Please email the completed form to CIGA@anthemwc.com

	Physician #1	Physician #2	Physician #3
Group/Facility Name			
First Name			
Middle Name			
Last Name			
Degree (MD, DC, PT)			
License			
Tax ID Number			
Practice Address (not billing address)			
City			
Zip Code			
Office Contact			
Phone Number			
Email Address			