

Physician Nomination Form

If your physician is not currently an Aetna participating doctors and you would like him/her to be considered, please follow the directions below.

1. Approach your physician and express your desire for him/her to participate with Aetna.
2. The application process may take up to six months following receipt of your physician's information. **Acceptance into the network is contingent upon successful completion of our credentialing process, provider acceptance of our contracts, provider practices at a location within the Aetna defined service area and if the network is accepting applications for new providers.**
3. If you have any questions regarding the status of the application, please contact your physician directly.

Referring Member (employee name): _____

PROVIDER INFORMATION: *to be completed by nominated physician.*

Last Name: _____ First Name: _____

Tax ID: _____

Specialty: _____ Degree: _____

Practice Name: _____ Years in Practice: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ County: _____

Phone: () _____ Office Manager: _____

Hospital Affiliations:

Facility: _____

Facility: _____

Facility: _____

The City of Anaheim Employees may nominate providers for participation in the network by having their physician submit this nomination form to the address listed below. *A nomination by an employee does not guarantee that the provider will automatically be added to the network.*

Physicians: when completed, please return or fax this form to the following address:

*Allison Jamieson
Aetna, Inc.
2677 N. Main Street, 5th Floor
Santa Ana, CA 92705
Fax: 714-972-3393*