

Physician Nomination Form

If your physician is not currently a part of Aetna's network of 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 become part of Aetna's network.
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 and the provider practices at a location within our defined service area.
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: _____

State of Florida 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 to the following address:

**Aetna
State of Florida Account Team – c/o Melissa Ostrowsky
4630 Woodlands Corporate Blvd.
Tampa, FL 33614**

Or you can e-mail it to:

FromStateofFloridaAccountManagement@aetna.com

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