

ACU-CARE – CIGNA Choice Letter

Please complete the following “Choice Letter” indicating that you wish to participate and directly submit claims to CIGNA through the Acu-Care contract. This is important to avoid any confusion with any existing, similar contracts you may have with other Cigna-affiliated companies—as only one set of rates can be used to pay claims. If you feel this doesn’t apply to you, please disregard this request. If you currently have other competing contracts, we encourage you to choose the contract you feel suits your situation best. If you have any questions about this document and how it may affect you, contact us at 888.510.2273.

CIGNA CHOICE LETTER

I wish to participate in the Cigna products below through my agreement with Acu-Care and their associated reimbursement rate schedule.

I have signed and submitted a ‘Contract Summary and Election to Participate’ contract for each group of products I have selected. (You can find the Contract Summaries by clicking on ‘CIGNA PPO’ and/or ‘CIGNA HMO’ from the ‘Join Acu-Care’ page of our website www.acucare.com in STEP 3.)

_____ CIGNA PPO products

_____ CIGNA HMO products

Please suppress/terminate any other group agreements I have with Cigna for acupuncture, as I wish to participate solely in the Acu-Care agreement. This request does not apply to any other license I may have with any other Cigna contract. This contract will remain in place and will remain effective, even if TIN, TIN Holder, or DBA information changes, unless otherwise notified.

Print Name: _____

TIN: _____

TIN Holder: _____

DBA (if applicable): _____

Signature: _____ Date: _____