



State of Alaska 866219
Aetna Provider Nomination Form

If your provider is not currently with Aetna, and you would like him/her to receive an application, please complete this form and return to us at the address/fax listed below.

Referring Member Name: _____

PROVIDER INFORMATION

Provider Last Name: _____ Provider First Name: _____

Group/Practice Name: _____

Tax Identification Number (if known): _____

Specialty: _____ Degree (if known): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Office Manager's name (if known): _____

Please Return completed Nomination Form To:

Aetna - Network Management
601 Union Street, Suite 810
Seattle, WA 98101
Phone 800-720-4009
Fax 860-262-9619

NOTE: This Nomination Form does not guarantee a provider's participation in Aetna's network. Providers must successfully complete Aetna's credentialing process and sign an agreement (a contract) before becoming part of the Aetna network.

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company and its affiliates (Aetna).