

Physician Nomination Form

If your physician is not currently a part of Aetna Inc.'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 Inc.'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 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:

Facility: _____

Facility: _____

Facility: _____

Miami Dade College 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 Inc.
Leslie Rosario
4630 Woodlands Corporate Blvd.
Tampa, FL 33614*

Or you can fax it to:

*Attention: Carol Jackson
813-775-0613*