Physician Nomination Form

For First American employees enrolling into the new EPO/PPO medical plans: Aetna is willing to consider adding your physician to the Aetna network if the physician is interested in contracting with Aetna. If your current physician is not in the Aetna networks and the physician is interested in joining the EPO/PPO network, please have the physician complete this form, and FAX directly to Aetna. The form should be FAXed to:

Aetna, Inc.
ATTN: Jeanette Hill
FAX: (310) 955-3189

PLEASE PRINT CLEARLY

Physician's Name _____

Area of Specialty
(e.g. Family Practice, Cardiologist) _____

Physician's Address _____
_____
_____

Physician's Telephone Number (_____) _____

Hospital Affiliation _____

IPA/Medical Group Affiliation _____

Physician's Signature _____

Please Note: *The submission of this form by the physician does not guarantee that Aetna will add the physician to the EPO/PPO network. The physician is subject to Aetna's credentialing standards and guidelines.* ***If Aetna is able to add the physician to the EPO/PPO network, please be aware of the fact that the contracting/credentialing process may take from three to six months.***