Print a copy of this form and bring it with you to the doctor’s office.

Fill out the Patient Information section. Answer every question. Form cannot be processed if incomplete.

Your doctor, or other health care professional, should fill out the Wellness Screening Information section.

Please be sure to write clearly, sign and date the form. Forms without a signature and date are incomplete.

If you have any questions, call us using the phone number on the back of your Cigna ID card.

Forms may be sent by:
MAIL: Cigna Customer Service
PO Box 5201-5201
Scranton, PA 18505
FAX: 1.877.916.5406
Enter on the fax cover sheet: “CONFIDENTIAL”
ONLINE: Electronically upload your form at myCigna.com

Your Privacy is important: The privacy of your health information is important to you and to Cigna. We commit to protecting your personal health information. We ensure our practices comply with privacy laws, including the Health Insurance Portability and Accountability Act (HIPAA).

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