EAP ASSESSMENT AND REFERRAL SPECIALTY AND CIGNA CONFIDE

Cigna Behavioral Health

Employee Assistance Program (EAP) Assessment and Referral specialty and Cigna Confide opt-out form

DIRECTIONS:

To avoid the potential loss of data, please complete the following steps and submit this form.

Step 1: Save this form to your computer

Step 2: Complete the form in its entirety using Adobe Acrobat Reader DC

Step 3: Save the completed form to your computer

Step 4: Submit the saved form to Cigna using one of the methods listed below

As a participating provider with Cigna Behavioral Health, Inc., you have been automatically identified as having the Employee Assistance Program (EAP) Assessment and Referral specialty and providing services under the Cigna Confide program, unless you elect to opt out.

With this specialty, you are able to perform EAP assessment and referral services and render treatment under the Cigna Confide program, which include:

- Short term counseling that focuses on problem identification and resolution; and/or
- Referral to an appropriate resource to complete problem resolution.

Unless you submit this opt-out form as directed below, you may receive EAP and Cigna Confide referrals from Cigna and your directory profile includes the Cigna EAP Assessment and Referral specialty.

I would	like to opt out of the EAP Asses	ssment and Referral specialty and Cigna Cor	nfide program.
Date:	Provider name:		
National Provider Identifier (NPI):		Provider State:	
Provider sign	ature:		
Why are yo	ou choosing to opt out?		
Contra	cted rate for CPT® code 99404		
EAP bill	ing and administration process	3	
☐ Not acc	epting new patients		
Other (olease explain):		

Please email, fax or mail your opt-out request to:

• Email: cforms@Cigna.com

• **Fax:** 860.687.7257

 Mail: Cigna Behavioral Health Attn: Network Operations - EAP 6625 W 78th Street, Suite 100 Bloomington, MN 55439



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