

# ExxonMobil Physician Application Form

If your physician is not currently a part of Aetna U. S. Healthcare's network of doctors and you would like him/her to be considered please follow the directions below:

- 1** Contact your physician about your interest in him/her becoming part of Aetna U. S. Healthcare's network. **Please note this does not apply to Mental Health/Chemical Dependency Providers (MHPPO).**
- 2** If your physician is interested, please have him/her complete this form and mail it to the address below.
- 3** The application process takes 3-4 months following receipt of your physician's information. **Acceptance into the network is contingent upon successful completion of Aetna's credentialing process and provider acceptance of Aetna's contracts.**
- 4** If you have any questions regarding the status of your physician's application, please contact him/her directly.

Referred By (Patient Name): \_\_\_\_\_

## PROVIDER INFORMATION:

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: \_\_\_\_\_

*PHYSICIANS: Please complete and return this form to:*



*Attention: Maury Keenan  
Aetna U. S. Healthcare  
151 Farmington Avenue, MA4S  
Hartford, CT 06156-7005*