**California Insurance Guarantee Association (CIGA)**

**CIGA Medical Provider Network #3118**

**Provider Self-Nomination Form**

CIGA welcomes all licensed medical providers to apply to become a member of its Medical Provider Network (MPN) to treat Workers’ Compensation Injured Workers.

Providers must agree to treat CIGA Workers’ Compensation Injured Workers regardless of Date of Injury.

Here is the application process:

* Each medical provider is individually credentialled by Anthem Workers Compensation.
* To submit more physicians individually, please print and complete additional copies of this form.
* Upon submission, Anthem WC will reply to the submitter confirming receipt of the nomination.
* Anthem’s credentialling timeline is dependent on cooperation in submitting required information.
* The submitter will receive a final determination letter from either Anthem WC or CIGA.
* *Emergency Room providers* who cannot see a patient in an *outpatient setting* need not apply.
* **Please email the completed form to Anthem at:** [**CIGA@cvty.us.com**](mailto:CIGA@cvty.us.com)

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| --- | --- | --- | --- |
|  | **Physician #1** | **Physician #2** | **Physician #3** |
| Group/Facility Name |  |  |  |
| Provider First Name |  |  |  |
| Provider Middle Name |  |  |  |
| Provider Last Name |  |  |  |
| Specialty |  |  |  |
| Provider License Type  (MD, DC, PT) |  |  |  |
| License # |  |  |  |
| Individual NPI # |  |  |  |
| Tax ID # |  |  |  |
| Group NPI # |  |  |  |
| Practice Location Full Address & County |  |  |  |
| Phone # |  |  |  |
| Email Address |  |  |  |
| Office Manager name and contact information |  |  |  |
| Mailing Address if different from practice.  Is this for billing only?  (Yes or No?) |  |  |  |

(May 28, 2024 Version)