DEA Certificate Form



Complete this form if you are unable to provide us with a federal Drug Enforcement Agency (DEA) certificate for your state. If you submit a Controlled Dangerous Substance (CDS) certificate for your state, you do not need to complete this form.

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	Should a prescription become necessary as part of a patient's treatment plan, I have coverage arrangements in place. (Please explain).
	In the course of treating Cigna patients, I have no occasion to assist patients needing prescription(s). (Please explain.)
Pro	vider signature:
Dat	e:

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