

From: Joseph Labash <jlabash@labtechdiagnostics.net>  
To: Danny VaratDannyVarat@scstatehouse.gov  
Date: 12/11/2017 11:25:36 AM  
Subject: FW: Your request to Cigna  
Attachments: Cigna Letter of Interest.pdf

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Hi Danny,

It was great meeting you again and we are very thankful to you and Kevin.  
Here is the respond that we received from Cigna .  
Attached is the letter of interest that we sent to them .

My Best Regards,

Joseph Labash  
Managing Director  
Labtech Diagnostics, LLC



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[www.Labtechdiagnostics.net](http://www.Labtechdiagnostics.net) 1502 E. Greenville Street Anderson SC, 29621 U.S.A

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From: PSU Inquiry (Non-Claim) [mailto:9PSSCENT@Cigna.com]  
Sent: Monday, December 4, 2017 3:09 PM  
To: Joseph Labash  
Subject: Your request to Cigna

Thank you for contacting the Cigna Provider Services Unit. We will complete most requests, or contact you if we need additional information, within 10 calendar days. However, some requests require a longer response time. These include:

Letter of interest, contract, or fee schedule renegotiation requests:

We will respond within 60 calendar days from the date of this type of request.

Participating provider agreement copy requests:

We will respond within 30 calendar days from the date of this type of request.

Did you know...you can request copies of fee schedules and participating provider agreements on [CignaforHCP.com](http://CignaforHCP.com)?  
Log in to the Cigna for Health Care Professionals website ([CignaforHCP.com](http://CignaforHCP.com)),  
click "Working with Cigna" at the top of page.  
Request a copy of your fee schedule under the "Fee Schedule" column  
Request a copy of your participating provider agreement under the "Information Requests" column  
For assistance with the website, call us at 1.800.853.2713

## Easy demographic updates

Submit all demographic updates to us using the information below to save time and help ensure accuracy.

If you are located in:

AK, AZ, CA, CO, KS, MO, NV, OR, UT, WA, or WY

AL, AR, DC, FL, GA, KY, LA, MD, MS, NC, OK, PR,  
SC, TN, TX, USVI, or VA

CT, DE, IL, IN, MA, ME, MI, MN, NH, NJ, NY, OH,  
PA, RI, VT, WI, or WV

Use these contacts:

Email: [Intake\\_PDM@Cigna.com](mailto:Intake_PDM@Cigna.com)

Fax: 1.860.687.7336

Mail: Cigna, 400 North Brand Blvd., Suite 300,  
Glendale, CA 91203

Email: [Intake\\_PDM@Cigna.com](mailto:Intake_PDM@Cigna.com)

Fax: 1.888.208.7159

Mail: Cigna, 2701 North Rocky Pointe Dr., Suite  
800, Tampa, FL 33607

Email: [Intake\\_PDM@Cigna.com](mailto:Intake_PDM@Cigna.com)

Fax: 1.877.358.4301

Mail: Cigna, Two College Park Dr., Hooksett, NH  
03106

Thank you.



*Cigna*THN-2013-365

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