



Request for Exclusion from Paper Shut-off

This form is intended for use by specific providers who have received a letter directly from Aetna regarding shut-off of their paper explanation of benefits (EOB) and wish to continue receiving paper EOBs. THIS FORM IS ONLY EFFECTIVE FROM 11/1/2011 TO 12/31/2012.

Please complete one Request for Paper Shut-off Exclusion Form per TIN. (All forms are subject to validation before restoring paper EOBs.)

This form cannot be used if your office is currently enrolled Electronic Remittance Advice (ERA)

* Indicates required fields within each section. Incomplete and/or illegible fields and signatures may delay the processing of your request.

* TIN Name	* Tax ID Number (TIN)	* Pay to/Billing National Provider Identifier (NPI)
* Contact Name	* Email Address	
* Telephone Number ()	Fax Number ()	
* Primary Service Address		

Information Regarding Request for Exclusion

* Have you received a letter from Aetna stating that your paper explanation of benefits will be discontinued?
 Yes No

* What is your reason for not turning off paper EOBs?

- Concerns with account reconciliation Difficulty navigating secure website via NaviNet[®]
 No internet access Other (please explain) _____

Please Note: If you are currently receiving ERAs you are not eligible to receive paper EOBs.

* Would you reconsider receiving EOBs electronically in the future?

- Yes, in the next 30 days Yes, in 30 to 60 days Yes, in 60 to 90 days Yes, in 90 days

By signing below, I understand that I am instructing Aetna to send paper copies of explanation of benefits for this practice.

* Authorized health care professional name: _____ * Title _____
 * Signature _____ * Date _____

Authorized health care professional may be MD, CFO, CEO, etc.

* Supervisor-level authorized health care professional name: _____ * Title _____
 * Signature _____ * Date _____

Supervisor-level authorized health care professional may be Office Manager, Billing Manager, etc.

* Form completed by _____

* Telephone Number () _____ Fax Number () _____

* Email Address: _____

Two signatures are required for authorization.

Please FAX completed form to Aetna's Request for Paper Shut-off Exclusion fax number at 860-907-4761.

Aetna is the brand name used for products and services provided by one or more of the Aetna group of companies (Aetna). This form is only effective 11/1/11 through 12/31/12.