



# Fax

## Medicare member payment appeals

To: Aetna Medicare Appeals Unit

Standard appeal

Fax: 724-741-4953

From:

Phone:

Fax:

Date:

Pages:

Subject: [SEND SECURE] Medicare member payment appeals

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Member name:

Aetna Medicare ID:

Reason for appeal:

Additional evidence:

Attach relevant medical records and/or supporting documentation.

This document may contain confidential or privileged information. If you think you have received this message in error, please contact the sender and then destroy this document immediately. Thank you.

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# Helping **patients to appeal denials** of Medicare payment requests

Members and non-contracted providers have the right to appeal denied payments of medical benefits (Medicare Part C). They should submit appeals **within 60 days of the date of denial notice**. We'll work with the member or non-contracted provider if they have a good reason for missing the deadline or need more time.

## Two kinds of Medicare member payment appeals

### 1. Appeals from the member or their legal representative

The member will get a written decision within 60 days of when we get their appeal. It may take longer if we need more information about their case. We'll tell the member or their legal representative if we do.

### 2. Zero-Pay Appeals from non-contracted providers

A completed **Waiver of Liability** is required for all appeals from a non-contracted provider. They will get a written decision within 60 days of when we receive their appeal and signed waiver. Use the following link to get a copy of the waiver form: [CMS Downloads - Provider Waiver of Liability](#). We'll tell the provider if we need more information.

## Questions?

Aetna Medicare: **1-800-282-5366**

**Help ensure Medicare member payment appeals and medical records are sent to the right place. Adhere to timely processing requirements.**

## How to ask for an appeal

### Step 1:

The **written request** must include:

- Member name
- Aetna Medicare member ID
- Reason for appealing
- Any evidence that the member or non-contracted provider wants us to review, such as doctors' letters or other information that explains why you feel payment should be made

Submit all relevant medical records and supporting materials. Medical records help us determine if the item or service is medically necessary. Types of records that may be required are progress notes, imaging reports, office visit notes and therapy records. More information may be required.

When submitting your appeal via fax, **use the form on the back of these instructions.**

### Step 2:

**For a standard payment appeal, mail or fax to:**

Aetna Medicare Appeals Unit  
PO Box 14067  
Lexington, KY 40512  
Fax: **724-741-4953**