



Medical Benefits Request

Refer to your digital ID card for claim mailing address

NOTE: You only have to fill out this form if your doctor or other health care professional isn't filing the claim for you. Instructions are on the back of this form.

YOU FILL OUT THIS SECTION

1. My Aetna ID number		2. My name		3. My birthdate (MM/DD/YYYY)	
4. <input type="checkbox"/> Working <input type="checkbox"/> Retired Date of Retirement		5. My address (include ZIP Code) <input type="checkbox"/> Address is new		6. My telephone number ()	
7. Patient's name		8. Patient's Aetna ID number		9. Patient's birthdate (MM/DD/YYYY)	
11. Patient's address (if different from mine)		10. Patient's relationship to me <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other			
13. Patient's marital status <input type="checkbox"/> Married <input type="checkbox"/> Single		14. Is patient employed? <input type="checkbox"/> No <input type="checkbox"/> Yes		15. Name & address of employer	
16. Is claim related to an accident? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, date _____ time _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		17. Is this claim related to employment? <input type="checkbox"/> No <input type="checkbox"/> Yes			
18. Are you or any family members' expenses covered by another health plan, pre-payment plan (Blue Cross- Blue Shield, etc.), no fault auto insurance, Medicare or any federal, state or local government plan? <input type="checkbox"/> No <input type="checkbox"/> Yes		19. If Yes, list policy or contract holder, policy or contract number(s) and name and address of insurance company or administrator:			
20. For other plan: Member's ID number		21. For other plan: Member's name		22. For other plan: Member's birthdate (MM/DD/YYYY)	
23. To all providers of health care: I authorize you to provide Aetna Life Insurance Company or one of its affiliated companies ("Aetna"), and any independent claim administrators and consulting health professionals and utilization review organizations with whom Aetna has contracted, information concerning health care advice, treatment or supplies provided the patient (including that relating to mental illness and/or AIDS/ARC/HIV). This information will be used to evaluate claims for benefits. This authorization is valid for the term of the policy or contract under which a claim has been submitted. I know that I have a right to request and receive a copy of this authorization and agree that a photographic copy of this authorization is as valid as the original. Patient's or authorized person's signature _____ Date _____					
24. I authorize payment of medical benefits to the doctor or supplier of service. Patient's or authorized person's signature _____ Date _____					

YOUR DOCTOR OR OTHER HEALTH CARE PROFESSIONAL FILLS OUT THIS SECTION

25. Date of illness (first symptom) or injury (accident) or pregnancy (LMP)		26. Date first consulted you for this condition		27. If patient has had similar illness or injury, give dates		28. If an emergency check here <input type="checkbox"/> emergency	
29. Date patient able to return to work		30. Date of total disability from _____ through _____		31. Date of partial disability from _____ through _____			
32. Name of referring physician (e.g., Public Health Agency)				33. For services related to hospitalization give hospitalization dates admitted _____ discharged _____			
34. Name & address of facility where services rendered (if other than home or office)							
35. Diagnosis or nature of illness or injury (please indicate primary and secondary) 1. 2. 3. 4.							
36. Procedures, medical services, supplies furnished							
Date of service	Place of service*	Procedure Code Identify**	Description of service	Type of service †	Charges	Days or units	Diagnosis code ††
37. Doctor's name and address (include ZIP Code)				38. Telephone number ()		39. Enter the taxpayer identifying number to be used for 1099 reporting purposes. You are required under authority of law to furnish your taxpayer identifying number.	
42. Doctor or supplier's signature				40. Patient account number		41. Total charge \$ _____ Amount paid \$ _____ Balance due \$ _____	
43. National provider Identifier				44. Date			

* Place of Service Codes: 8 - (SNF) - Skilled Nursing Facility
 1 - (IH) - Inpatient Hospital 9 - - Ambulance
 2 - (OH) - Outpatient Hospital 0 - (OL) - Other Location
 3 - (O) - Office Visit A - (IL) - Independent Laboratory
 4 - (H) - Patient Home B - - Other Medical Surgical Facility
 5 - - Day Care Facility (PSY) C - (RTC) - Residential Treatment Center
 6 - - Night Care Facility (PSY) D - (STF) - Specialized Treatment Facility
 7 - (NH) - Nursing Home

† Type of Service Codes: 8 - Assistance at Surgery
 1 - Medical Care 9 - Other Medical Service
 2 - Surgery 0 - Blood or Packed Red Cells
 3 - Consultation A - Used DME
 4 - Diagnostic X-Ray M - Alternate Payment for Maintenance Dialysis
 5 - Diagnostic Laboratory Y - Second Opinion on Elective Surgery
 6 - Radiation Therapy Z - Third Opinion on Elective Surgery
 7 - Anesthesia

** Please Use Current Procedural Terminology Codes For Surgery †† Please Use ICD Code For Discharge Diagnosis

How to fill out this form

1. Complete lines 1 through 17 in full.
2. Complete lines 18 through 22 only if other medical coverage exists.
3. Be sure to sign the authorization to release information in block 23.
4. If you wish to have your benefits for this claim paid directly to your doctor or supplier, sign block 24.
5. Attach itemized bills or ask your health care provider to complete the application section on the reverse side. The bills must include:
 - Patient's name -- Condition being treated -- Type of service rendered
 - Date of service -- Relationship to you

If this information is missing, write it on the bill and sign your name.

6. If you have submitted a request for benefits to another plan, including Medicare, attach a copy of the explanation of benefits you got from the other plan.
7. Retain copies of your bill for your records.
8. Refer to your digital member ID card for where to mail this form.

Insurance fraud is a crime, punishable by law

Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Attention Alabama Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

Attention Arkansas, District of Columbia, Rhode Island and West Virginia Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Attention California Residents: For your protection California law requires notice of the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Attention Colorado Residents: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Attention Florida Residents: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Attention Kansas Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person submits an enrollment form for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may have violated state law.

Attention Kentucky Residents: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Attention Louisiana Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application is guilty of a crime and may be subject to fines and confinement in prison.

Attention Maine and Tennessee Residents: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

Attention Maryland Residents: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Attention Missouri Residents: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, denial of insurance and civil damages, as determined by a court of law. Any person who knowingly and with intent to injure, defraud or deceive an insurance company may be guilty of fraud as determined by a court of law.

Attention New Jersey Residents: Any person who includes any false or misleading information on an application for an insurance policy or knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Attention New York Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

Attention North Carolina Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and subjects such person to criminal and civil penalties.

Attention Ohio Residents: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Attention Oklahoma Residents: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Attention Oregon Residents: Any person who with intent to injure, defraud, or deceive any insurance company or other person submits an enrollment form for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto may have violated state law.

Attention Pennsylvania Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Attention Puerto Rico Residents: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

Attention Texas Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any intentional misrepresentation of material fact or conceals, for the purpose of misleading, information concerning any fact material thereto may commit a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.

Attention Vermont Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.

Attention Virginia Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent act, which is a crime and subjects such person to criminal and civil penalties.

Attention Washington Residents: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.