



Member Request for Estimate

To obtain an estimate of what Aetna will pay your chosen physician or other provider and what your out of pocket expenses will be, please:

1. Take the attached form to your physician or other provider and ask them to complete the information regarding the procedure / service you will be receiving; or
2. Contact Member Services by calling the toll-free number on the back of your ID card.

Please return the completed form to Aetna at:

E-mail: MAMemberCostEstimateRequests@aetna.com

Fax: 855-856-9751

Aetna will review your request and return your estimate within 2 working days.

Please note that this amount is only an estimate based on the information submitted and not a guaranteed amount. Your actual out-of-pocket costs may differ based on a number of factors, including, for example, your eligibility, the actual services provided to you, the procedure codes submitted by your provider, whether other providers render services to you, the location of the services, your cost-sharing requirements, or other variables that may impact the cost of services. Also, even though your provider may bill separately for multiple procedure codes, we may determine that there is a single code that should have been billed for all of the procedures, and we will pay for only that code.

Member Name	
Member Identification Number	Date of Birth
Type of Service Being Rendered (i.e. surgery, therapy, inpatient services, outpatient services)	
Provider Name	
Provider Identification Number	Provider Tax Identification Number

Physician or Other Provider Services

CPT Code (code used by providers to identify the service rendered)	Date Service is Scheduled to be Performed	Amount Provider will Charge \$
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Physician or Other Provider Services – Additional Service

CPT Code (code used by providers to identify the service rendered)	Date Service is Scheduled to be Performed	Amount Provider will Charge \$
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Physician or Other Provider Services – Additional Service

CPT Code (code used by providers to identify the service rendered)	Date Service is Scheduled to be Performed	Amount Provider will Charge \$
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Facility (hospital, surgery center, radiology facility etc.)

Facility Name	
Facility Identification Number	
CPT Code or Revenue Code Provider will Bill	Charge \$
CPT Code or Revenue Code Provider will Bill	Charge \$
CPT Code or Revenue Code Provider will Bill	Charge \$
CPT Code or Revenue Code Provider will Bill	Charge \$
CPT Code or Revenue Code Provider will Bill	Charge \$

Durable Medical Equipment and Medical Supplies

Provider Name		
Address		
HCPC CODE(code used by providers to identify the service rendered)	Modifier (New Equipment or Rental)	Number of Units
Amount Provider will Charge \$		

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,

P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),
1-800-648-7817, TTY: 711,

Fax: 859-425-3379 (CA HMO customers: 860-262-7705), CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

TTY: 711

For language assistance in your language call the number listed on your ID card at no cost. (English)

Para obtener asistencia lingüística en español, llame sin cargo al número que figura en su tarjeta de identificación. (Spanish)

欲取得繁體中文語言協助，請撥打您 ID 卡上所列的號碼，無需付費。(Chinese)

Pour une assistance linguistique en français appeler le numéro indiqué sur votre carte d'identité sans frais. (French)

Para sa tulong sa wika na nasa Tagalog, tawagan ang nakalistang numero sa iyong ID card nang walang bayad. (Tagalog)

Benötigen Sie Hilfe oder Informationen auf Deutsch? Rufen Sie kostenlos die auf Ihrer Versicherungskarte aufgeführte Nummer an. (German)

للمساعدة في (اللغة العربية)، الرجاء الاتصال على الرقم المجاني المذكور في بطاقتك التعريفية. (Arabic)

Pou jwenn asistans nan lang Kreyòl Ayisyen, rele nimewo a yo endike nan kat idantifikasyon ou gratis. (French Creole)

Per ricevere assistenza linguistica in italiano, può chiamare gratuitamente il numero riportato sulla Sua scheda identificativa. (Italian)

日本語で援助をご希望の方は、IDカードに記載されている番号まで無料でお電話ください。(Japanese)

한국어로 언어 지원을 받고 싶으시면 보험 ID 카드에 수록된 무료 통화번호로 전화해 주십시오. (Korean)

برای راهنمایی به زبان فارسی، بدون هیچ هزینه ای با شماره ای که بر روی کارت شناسایی شما آمده است تماس بگیرید. انگلیسی (Persian)

Aby uzyskać pomoc w języku polskim, zadzwoń bezpłatnie pod numer podany na karcie ID. (Polish)

Para obter assistência linguística em português ligue para o número grátis listado no seu cartão de identificação. (Portuguese)

Чтобы получить помощь русскоязычного переводчика, позвоните по бесплатному номеру, указанному в вашей ID-карте удостоверения личности. (Russian)

Để được hỗ trợ ngôn ngữ bằng (ngôn ngữ), hãy gọi miễn phí đến số được ghi trên thẻ ID của quý vị. (Vietnamese)