



# Member Request for Estimate

To obtain the estimate of what Aetna will pay your chosen physician or other provider and what your out-of-pocket expenses will be, you can either:

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.

Next, call Member Services at the telephone number located on the back of your ID card (or just stay on the line). They will provide you an email address and/or fax number to return the completed form.

**Email:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Then submit your completed form. 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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**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 \$		

## Non-Discrimination Notice

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 1-866-337-8417.

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 14079, Lexington, KY 40512-4079 (CA HMO customers: PO Box 24030

Fresno, CA 93779), 1-866-337-8417, TTY: 711,

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

## Availability of Language Assistance Services

TTY: 711

For language assistance in your language call 1-866-337-8417 at no cost. (English)

Para obtener asistencia lingüística en español, llame sin cargo al 1-866-337-8417. (Spanish)

欲取得繁體中文語言協助，請撥打1-866-337-8417，無需付費。(Chinese)

Pour une assistance linguistique en français appeler le 1-866-337-8417 sans frais. (French)

Para sa tulong sa wika na nasa Tagalog, tawagan ang 1-866-337-8417 nang walang bayad.  
(Tagalog)

Benötigen Sie Hilfe oder Informationen in deutscher Sprache? Rufen Sie uns kostenlos unter der Nummer 1-866-337-8417 an. (German)

للمساعدة في اللغة العربية، الرجاء الاتصال على الرقم المجاني 1-866-337-8417. (Arabic)

Pou jwenn asistans nan lang Kreyòl Ayisyen, rele nimewo 1-866-337-8417 gratis. (French Creole)

Per ricevere assistenza linguistica in italiano, può chiamare gratuitamente 1-866-337-8417.  
(Italian)

日本語で援助をご希望の方は、1-866-337-8417 まで無料でお電話ください。(Japanese)

한국어로 언어 지원을 받고 싶으시면 무료 통화번호인 1-866-337-8417 번으로 전화해 주십시오. (Korean)

برای راهنمایی به زبان فارسی با شماره 1-866-337-8417 بدون هیچ هزینه ای تماس بگیرید. انگلیسی (Persian)

Aby uzyskać pomoc w języku polskim, zadzwoń bezpłatnie pod numer 1-866-337-8417. (Polish)

Para obter assistência linguística em português ligue para o 1-866-337-8417 gratuitamente.  
(Portuguese)

Чтобы получить помощь русскоязычного переводчика, позвоните по бесплатному номеру 1-866-337-8417. (Russian)

Để được hỗ trợ ngôn ngữ bằng (ngôn ngữ), hãy gọi miễn phí đến số 1-866-337-8417.  
(Vietnamese)

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