



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.

This is an estimate of what you will pay for health care. Your real costs will depend on the services you receive and how we are billed by the doctor or health care facility. You can talk with your doctor or health care facility about your services, costs, and this estimate. This can help you better plan to pay for your care. This is not a guarantee of coverage. Coverage will be based on all the terms and conditions of your plan, as well as eligibility when services are provided.

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

Physician or Other Provider Services

CPT Code (code used by providers to identify the service rendered)	Number of Units
Date Service is Scheduled to be Performed (if available)	Amount Provider will Charge \$

Physician or Other Provider Services – Additional Service

CPT Code (code used by providers to identify the service rendered)	Number of Units
Date Service is Scheduled to be Performed (if available)	Amount Provider will Charge \$

Physician or Other Provider Services – Additional Service

CPT Code (code used by providers to identify the service rendered)	Number of Units
Date Service is Scheduled to be Performed (if available)	Amount Provider will Charge \$

Facility (hospital, surgery center, radiology facility etc.)

Facility Name and Service Location		
Facility Identification Number		
Date Service is Scheduled to be Performed (if available)		
CPT Code or Revenue Code Provider will Bill	Number of Units	Charge \$
CPT Code or Revenue Code Provider will Bill	Number of Units	Charge \$
CPT Code or Revenue Code Provider will Bill	Number of Units	Charge \$
CPT Code or Revenue Code Provider will Bill	Number of Units	Charge \$
CPT Code or Revenue Code Provider will Bill	Number of Units	Charge \$

Durable Medical Equipment and Medical Supplies

Provider Name and Service Location	
Provider Identification Number	
HCPC CODE(code used by providers to identify the service rendered)	Number of Units
Modifier (New Equipment or Rental)	Amount Provider will Charge \$
Date Service is Scheduled to be Performed (if available)	

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.

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. (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)

57.03.337.1-BOON A (12/16)