



# Request for Exclusion from Paper Shut-off

This form is intended for use by providers who have received a letter from Aetna regarding shut-off of their paper explanation of benefits (EOB) and wish to continue receiving paper EOBs.  
This form is effective from 2/1/09 to 12/31/09.

Please complete one *Request for Paper Shut-off Exclusion Form*. (All forms are subject to validation before restoring paper EOBs.)

\* **Indicates required fields within each section. Incomplete and/or illegible fields and signatures may delay the processing of your request.**

* TIN Name	* Tax ID Number (TIN)	* Pay to/Billing National Provider Identifier (NPI)
* Contact Name	* Email Address	
* Telephone Number (      )	Fax Number (      )	
* Primary Service Address		

## Information Regarding Request for Exclusion

\* Have you received a letter from Aetna stating that your paper explanation of benefits will be discontinued?     Yes     No

\* Which month does the letter state you are scheduled for paper shut-off?     June     September

\* What is your reason for not turning off paper EOBs?

- Concerns with account reconciliation                       Difficulty navigating secure website via NaviNet®
- Other (please explain) \_\_\_\_\_

Would you like us to contact you to work through these issues?     Yes     No

\* Would you reconsider receiving EOBs electronically in the future?

- Yes, in the next 30 days     Yes, in 30 to 60 days     Yes, in 60 to 90 days     Yes, in 90 days

**By signing below, I understand that I am instructing Aetna to send paper copies of explanation of benefits for this practice.**

\* Authorized health care professional name: \_\_\_\_\_ \* Title \_\_\_\_\_  
Signature \_\_\_\_\_ \* Date \_\_\_\_\_

**Authorized health care professional may be MD, CFO, CEO, etc.**

\* Supervisor-level authorized health care professional name: \_\_\_\_\_ \* Title \_\_\_\_\_  
Signature \_\_\_\_\_ \* Date \_\_\_\_\_

**Supervisor-level authorized health care professional may be Office Manager, Billing Manager, etc.**

\* Form completed by \_\_\_\_\_  
\* Telephone Number (      ) \_\_\_\_\_ Fax Number (      ) \_\_\_\_\_  
\* Email Address: \_\_\_\_\_

One supervisor-level signature is required for authorization.

**Please FAX completed form to Aetna's Request for Paper Shut-off Exclusion fax number at 860-907-4761.**