We want you to know®
Aetna®

Bad Debt Report

Please submit via fax to (860) 754-2171

(1) Date Prepared	(2) Aetna Provider ID	(3) CMS Provider Type	(4) Aetna Member ID (e.g. MEXXXXXX)	(5) Aetna Claim ID (e.g. 08020800197000)	(6) Date of Service	(7) Date First Bill Sent To Beneficiary	(8) Write-Off Date	(9) Copay or Deductible *	(10) Co-Insurance *	(11) Total
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Name of Submitter: _____ Billing Address _____

Phone: (____) _____ Billing City _____

Fax: (____) _____ Billing State _____ Zip _____

* - You may not request reimbursement of eligible bad debt until 120 days have passed from the date the Aetna Medicare Open Plan member received the first bill for each claim listed on this Bad Debt Report.