

Provider Data Services  
151 Farmington Avenue  
Hartford, CT 06156  
ASB1 – Attn: Susan Justo



Date:

Dear Physician or Health Care Professional:

The state of New York requires Aetna to validate annually each participating provider's demographic information and certain other information that is displayed in our online provider directory. This letter explains the validation process and how to notify us if a provider should no longer be listed in our directory.

**Validation Steps**

1. Review the provider's demographic information below.
2. If changes are needed, note any changes on the form and fax to 860-754-0797.
3. If **NO** changes are needed, please complete our online confirmation form at: [www.aetnavalidation.com](http://www.aetnavalidation.com). Once complete, we'll automatically update our records to show your validation is done. This will prevent follow up validation requests being sent to your office.

**Provider Name**

**Emil**

- The provider mentioned above no longer practices at our location.
- The provider is no longer participating with Aetna.

**Effective date:**

**Address Information:** If you provided new or revised address information, please provide the new Tax ID Number (TIN) associated with the address and the effective date.

<p><b>Address:</b></p> <p>Ph: _____ Fax: _____</p> <p><b>Corrected Address:</b></p>	<p><b>Please Validate:</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> <b>Yes</b>, the information to the left is correct.</li><li><input type="checkbox"/> <b>No</b>, the information is not correct. Please remove this address and update your system with the Corrected Address in the left column.</li></ul> <p><b>Termination/Change Effective Date:</b></p> <p><b>Associated Tax ID # (TIN):</b></p> <p><b>Effective Date:</b></p>
<p><b>Address:</b></p> <p>Ph: _____ Fax: _____</p> <p><b>Corrected Address:</b></p>	<p><b>Please Validate:</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> <b>Yes</b>, the information to the left is correct.</li><li><input type="checkbox"/> <b>No</b>, the information is not correct. Please remove this address and update your system with the Corrected Address in the left column.</li></ul> <p><b>Termination/Change Effective Date:</b></p> <p><b>Associated Tax ID # (TIN):</b></p> <p><b>Effective Date:</b></p>

**Admitting Hospital Affiliation:**

Hospital:

**Please Validate:**

- Yes**, the information to the left is correct.
- No**, the information is not correct.

**Please remove the following Hospitals and Include effective date:**

**Please add the following Hospitals (include Street name and effective date):**

**Specialty and Board Certification Information**

Specialty:

**Please Validate**

- Yes**, the information to the left is correct.
- No**, the information is not correct.

**Please remove the following Specialties:**

**Please add the following Specialties and Board Certification status and Effective Date:**

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

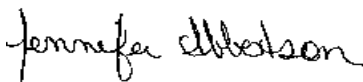
Submitter Phone \_\_\_\_\_ Extension \_\_\_\_\_

Please Print Name of Submitter (**required**): \_\_\_\_\_

**If you have questions regarding this form, please contact Susan Justo at 860-273-5218.**

Thank you for your help.

Sincerely,



Jennifer Ibbotson  
Provider Data Services Manager

**Alpha Characters - Pin Prefix and Provider Pin**

I 1234567 → Aetna provider identification number (PIN)



**Alpha Characters - Pin Prefix**

\*For information obtained during verification from primary sources, as a practitioner, you have the right to correct discrepant or erroneous information by working directly with any reporting entities used during the credentialing process.

Aetna is the brand name used for products and services provided by one or more of the Aetna group of companies, (Aetna). Aetna Behavioral Health refers to an internal business unit of Aetna.