

January 14, 2013

John Smith
151 Farmington Avenue
5th Floor
Hartford, CT 06156

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. Listed below is the information we currently display for you that requires validation.

Please take a moment to review and confirm the accuracy of this information. Then, return it via fax to: **860-754-0797**.

Provider: John Smith

123456789

Tax ID

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

Admitting Hospital Affiliation:

Please Validate:

Hospital:

- 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: _____

Please Print Name of Submitter **(required)**: _____

If you have questions, please fax them to our Credentialing Customer Service Center at **860-754-0797**.
Thank you for your help in providing accurate information for our provider directory.

Sincerely,



Julie Milardo
NY Regulatory Manager

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*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.