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.

E-mail: _____

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)	