Member Request for Estimate

To obtain an estimate of what Aetna will pay your chosen physician or other provider and what your out of pocket expenses will be, please:

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.

Please return the completed form to Aetna at:

E-mail: MAPSSMemberEstimateRequest@Aetna.com

Fax: 860-907-3551

Aetna will review your request and return your estimate within 2 working days.

Please note that this amount is only an estimate based on the information submitted and not a guaranteed amount. Your actual out-of-pocket costs may differ based on a number of factors, including, for example, your eligibility, the actual services provided to you, the procedure codes submitted by your provider, whether other providers render services to you, the location of the services, your cost-sharing requirements, or other variables that may impact the cost of services. Also, even though your provider may bill separately for multiple procedure codes, we may determine that there is a single code that should have been billed for all of the procedures, and we will pay for only that code.

Member Name	
Member Identification Number	Date of Birth
Type of Service Being Rendered (i.e. surgery, therapy, inpatient services, outpatient services)	
Provider Name	
Provider Identification Number	Provider Tax Identification Number

Physician or Other Provider Services

CPT Code (code used by providers to identify the service rendered)	Date Service is Scheduled to be Performed	Amount Provider will Charge $

Physician or Other Provider Services – Additional Service

CPT Code (code used by providers to identify the service rendered)	Date Service is Scheduled to be Performed	Amount Provider will Charge $

Physician or Other Provider Services – Additional Service

CPT Code (code used by providers to identify the service rendered)	Date Service is Scheduled to be Performed	Amount Provider will Charge $

Facility (hospital, surgery center, radiology facility etc.)

Facility Name	
Facility Identification Number	
CPT Code or Revenue Code Provider will Bill	Charge $
CPT Code or Revenue Code Provider will Bill	Charge $
CPT Code or Revenue Code Provider will Bill	Charge $
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CPT Code or Revenue Code Provider will Bill	Charge $

Durable Medical Equipment and Medical Supplies

Provider Name		
Address		
HCPC CODE(code used by providers to identify the service rendered)	Modifier (New Equipment or Rental)	Number of Units
Amount Provider will Charge $		