Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Attention Alabama Residents:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

- It is unlawful to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, denial of insurance benefits. **Attention Maryland Residents:** Any person who knowingly or with intent to injure, defraud, or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may have violated state law.

- **Attention Kentucky Residents:** Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime. **Attention Louisiana Residents:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application is guilty of a crime and may be subject to fines and confinement in prison. **Attention Maine and Tennessee Residents:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, denial of insurance benefits. **Attention Maryland Residents:** Any person who knowingly or with intent to injure, defraud, or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **Attention Ohio Residents:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. **Attention Oklahoma Residents:** WARNING: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

- **Attention Oregon Residents:** Any person who with intent to injure, defraud, or deceive any insurance company or other person submits an enrollment form for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may have violated state law. **Attention Pennsylvania Residents:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may have violated state law. **Attention Puerto Rico Residents:** Any person who knowingly and with the intent to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and in addition to the foregoing, each violation is a violation of law. **Attention Washington Residents:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**NOTE:** **INCOMPLETE CLAIM FORMS WILL BE RETURNED TO YOU FOR MISSING INFORMATION. THIS WILL DELAY THE PROCESSING OF THE CLAIM. FOR FASTER, EASIER SUBMISSION OF CLAIMS, THE PROVIDER MAY CONTACT THE AETNA CLAIM PROCESSING CENTER FOR INFORMATION REGARDING ELECTRONIC CLAIM SUBMISSIONS.**

**TO THE EMPLOYEE**

1. Complete items one (1) through nineteen (19) in full.
2. Complete items twenty (20) through twenty-four (24) only if other medical coverage exists.
3. Be certain to sign the authorization to release information in block twenty-five (25).
4. If you wish to have your benefits for this claim paid directly to your physician or supplier, sign block twenty-six (26).
5. If you have submitted a request for benefits to another plan, including Medicare, attach a copy of the bills you submitted to the other plan and the explanation of benefits you received from the other plan.
6. Attach itemized bills or ask your health care provider to complete the applicable section on the reverse side. The bills must include:
   - patient’s name
   - date(s) of service(s)
   - relationship to employee
   - type of service(s) rendered
   If this information is missing, write it on the bill and sign your name.
7. If prescription drugs are covered under your plan, submit receipts or a Prescription Drug Record form. Receipt must contain:
   - drug name
   - dose per/day
   - charge
   - prescription number
   - pharmacy name/address
   - nature of illness or injury
   - quantity
   - strength
   - physician’s name
   This information can be copied from the prescription bottle or box.
8. Retain copies of your bills for your record.
9. Refer to the back of your ID card for claim mailing address.

**TO THE PHYSICIAN OR SUPPLIER**

1. Complete items twenty-seven (27) through forty-six (46) in full.
2. If the employee indicates that benefits should be paid directly to the physician or supplier, then these benefits will be sent directly to you with an information copy of the transactions to the employee.
# Medical Benefits Request

## TO BE COMPLETED BY EMPLOYEE

1. **Employee's Name**
2. **Policy/Group Number**
3. **Employee's Aetna ID Number**
4. **Employee's Name**
5. **Employee's Birthdate (MM/DD/YYYY)**
6. **Active □ Retired □**
7. **Employee's Address (include ZIP Code) □ Address is new**
8. **Employee's Daytime Telephone Number ( )**
9. **Patient's Name**
10. **Patient's Aetna ID Number**
11. **Patient's Birthdate (MM/DD/YYYY)**
12. **Patient's Relationship to Employee**
   - Self
   - Spouse
   - Child
   - Other
13. **Patient's Address (if different from employee)**
14. **Patient's Gender**
   - Male
   - Female
15. **Patient's Marital Status**
   - Married
   - Single
16. **Is patient employed?**
   - No
   - Yes
17. **Name & Address of Employer**
18. **Is claim related to an accident?**
   - No
   - Yes
19. **Is claim related to employment?**
   - No
   - Yes
20. **Are any family members expenses covered by another group health plan, group pre-payment plan (Blue Cross-Blue Shield, etc.), no fault auto insurance, Medicare or any federal, state or local government plan?**
   - No
   - Yes
22. **Member's ID Number**
23. **Member's Name**
24. **Member's Birthdate (MM/DD/YYYY)**

## TO BE COMPLETED BY PHYSICIAN OR SUPPLIER

27. **Date of illness (first symptom) or injury (accident) or pregnancy (LMP)**
28. **Date first consulted you for this condition**
29. **If patient has had similar illness or injury, give dates**
30. **If an emergency check here**
31. **Date patient able to return to work**
32. **Date of total disability**
33. **Date of partial disability**
34. **Name of referring physician (e.g., Public Health Agency)**
35. **For services related to hospitalization give hospitalization dates**
36. **Name & address of facility where services rendered (if other than home or office)**
37. **Diagnosis or nature of illness or injury (please indicate primary and secondary)**
38. **Procedures, Medical Services, Supplies Furnished**
   - **Date of Service**
   - **Place of Service**
   - **Procedure Code**
   - **Code Identify**
   - **Type of Service**
   - **Service**
   - **Charges**
   - **Days or Units**
   - **Diagnosis Code**
39. **Physician's Name & Address (include ZIP Code)**
40. **Telephone Number**
41. **Enter the taxpayer identifying number to be used for 1099 reporting purposes. You are required under authority of law to furnish your taxpayer identifying number.**
42. **Patient Account Number**
43. **Total charge**
   - **Amount paid**
   - **Balance due**
44. **Physician's or Supplier's Signature**
45. **NPI Provider Identifier**

**Place of Service Codes:**
- **1 (IH)** - Inpatient Hospital
- **2 (OH)** - Outpatient Hospital
- **3 (O)** - Office Visit
- **4 (P)** - Patent Home
- **5 (PC)** - Day Care Facility
- **6 (N)** - Nursing Home
- **8 (SNF)** - Skilled Nursing Facility
- **9** - Ambulance
- **0 (OL)** - Other Location
- **A** - Independent Laboratory
- **B** - Other Medical Surgical Facility
- **C** - Residential Treatment Center
- **D** - Specialized Treatment Facility

**Type of Service Codes:**
- **1** - Medical Care
- **2** - Surgery
- **3** - Consultation
- **4** - Diagnostic X-Ray
- **5** - Diagnostic Laboratory
- **6** - Radiation Therapy
- **7** - Anesthesia

**Please Use Current Procedural Terminology Codes For Surgery**

**Please Use ICD Code For Discharge Diagnosis**

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*Please Use ICD Code For Discharge Diagnosis*
Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, contact:
Civil Rights Coordinator,
P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779), 1-800-648-7817, TTY: 711, Fax: 859-425-3379 (CA HMO customers: 860-262-7705), CRCoordinator@aetna.com.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with Civil Rights Coordinator.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, Coventry Health Care plans and their affiliates (Aetna).
TTY: 711

For language assistance in your language call the number listed on your ID card at no cost. (English)

Para obtener asistencia lingüística en español, llame sin cargo al número que figura en su tarjeta de identificación. (Spanish)

欲取得語言協助，請撥打您 ID 卡上所列的號碼，無需付費。 (Chinese)

Pour une assistance linguistique en français appelez le numéro indiqué sur votre carte d’identité sans frais. (French)

Para sa tulong sa wika na Tagalog, tawagan ang nakalista numero sa iyong ID card nang walang bayad. (Tagalog)

T'áá shi shizaad k’ehjí bee shiká a’doowol nínízingo Diné k’ehjí naaltsoos bee atah nílįįgo nanitiníįįí béesh bee hane’e bikáá’ áají t’áá jiį́k’e hóólį́e’. (Navajo)

Benötigen Sie Hilfe oder Informationen auf Deutsch? Rufen Sie kostenlos die auf Ihrer Versicherungskarte aufgeführte Nummer an. (German)

Për asistencë në gjuhën shqipe telefononi falas në numrin e regjistruar në kartën tuaj të identitetit (ID). (Albanian)

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Чтобы получить помощь русскоязычного переводчика, позвоните по бесплатному номеру, указанному в вашей ID-карте удостоверения личности. (Russian)

Mo fesoasani tau gagana I le Gagana Samoa vala'au le numera o lo'o lisiina I luga o lau pepa ID e aunoa ma se totogi. (Samoan)

Za jezičnu pomoć na hrvatskom jeziku pozovite besplatan broj naveden na polodini Vaše identifikacijske kartice. (Serbo-Croatian)

Fii yo on hebu balal e ko yowitii e haala Pular noddee e dii numero ji lintaadi ka kaydi dantite mon. Njodi woo fawaaki on. (Sudanic-Fulfulde)

Ukihitaji usaidizi katika lugha ya Kiswahili piga simu kwa nambari iliyoorodheshwa kwenye Kitambulisho chako bila malipo. (Swahili)

Ren áninnisin chiaku ren (Kapasen Chuuk) kopwe këkkëëri ena nampaan tengewa aa makketiw wōón noumw ena chëén taropween ID nge esapw kamé ngonuk. (Trukese)

(Dilde) dil yardım için sayı hiçbir ücret ödeden kimlik kart listelenen diyoruz. (Turkish)

Щоб отримати допомогу перекладача української мови, зателефонуйте за безкоштовним номером, наданим у вашій ID-картці посвідчення особи. (Ukrainian)

Dê durch họ 튀ng ngư băng (ngôn ngữ), hãy gọi miễn phí đến số được ghi trên thẻ ID của quý vị. (Vietnamese)

Fun iranlọwọ nípa èdè (Yoruba) pe nombà ti a kọ sórí kààdì idánímo re lái san owó kankan rárá. (Yoruba)