

Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to claim was provided by the applicant.

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 twenty-one (21) in full. Be certain to sign the authorization to release information in block (22).
2. If you wish to have your benefits for this claim paid directly to your physician or supplier, sign block (23).
3. 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.
4. Attach itemized bills for all other claims (e.g.: physician services, durable medical equipment, eyewear). The bills must include:
 - patient's name
 - date(s) of service(s)
 - condition being treated (needed for physician claims only)
 - relationship to employee
 - type of service(s) rendered

If this information is missing, write it on the bill and sign your name.

Send the completed benefits request and the bills for Medical & Vision to: **Aetna Life Insurance Company**

PO Box 981106

El Paso, TX 79998-1106

1-877-864-4583

5. Retain copies of your bills for your record.

TO BE COMPLETED BY EMPLOYEE

Employee Information

1. Employee's ID Number	2. Employee's Name	3. Employee's Birthdate (MM/DD/YYYY)
4. Employee's Address (include zip code) <input type="checkbox"/> Address is new		5. Employee's Daytime Telephone Number ()

Patient's Information

6. Patient's Name	7. Patient's ID Number	8. Patient's Birthdate MM/DD/YYYY	9. Patient's Relationship to Employee <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other
10. Patient's Address (if different from employee)			11. Patient's Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
12. Patient's Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single	13. Is patient employed? <input type="checkbox"/> No <input type="checkbox"/> Yes	14. Name & Address of Employer	

Other Insurance Information

15. 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? <input type="checkbox"/> No <input type="checkbox"/> Yes		
16. If Yes, list policy or contract holder, policy or contract number(s) and name/address of insurance company or administrator:		
17. Member's ID Number	18. Member's Name	19. Member's Birthdate (MM/DD/YYYY)
20. Is claim related to an accident? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, date _____ time _____ <input type="checkbox"/> am <input type="checkbox"/> pm		21. Is claim related to employment? <input type="checkbox"/> No <input type="checkbox"/> Yes

Authorization to Release Information

<p>22. To all providers of health care:</p> <p>You are authorized to provide Aetna Life Insurance Company or one of its affiliated companies ("Aetna"), and any independent claim administrators and consulting health professionals and utilization review organizations with whom Aetna has contracted, information concerning health care advice, treatment or supplies provided the patient (including that relating to mental illness and/or AIDS/ARC/HIV). This information will be used to evaluate claims for benefits. Aetna may provide the employer named above with any benefit calculation used in payment of this claim for the purpose of reviewing the experience and operation of the policy or contract. This authorization is valid for the term of the policy or contract under which a claim has been submitted. I know that I have a right to receive a copy of this authorization upon request and agree that a photographic copy of this authorization is as valid as the original.</p> <p>Patient's or Authorized Person's Signature _____ Date _____</p>
<p>23. I authorize payment of medical benefits to the physician or supplier of service.</p> <p>Patient's or Authorized Person's Signature _____ Date _____</p>

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)

欲取得繁體中文語言協助，請撥打您 ID 卡上所列的號碼，無需付費。(Chinese)

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

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

T'áá shí shizaad k'ehjí bee shíká a'doowo! nínízingo Diné k'ehjí naaltsoos bee atah nílíggo nanitinígíí béésh bee hane'é bikáá' áají' t'áá jíík'e hólne'. (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)

ለአማርኛ ቋንቋ እገዛ በመታወቅያዎ ላይ በተጠቀሰው ቁጥር በነጻ ይደውሉ (Amharic)

للمساعدة في (اللغة العربية)، الرجاء الاتصال على الرقم المجاني المذكور في بطاقتك التعريفية. (Arabic)

Լեզվի ցուցաբերած աջակցություն (հայերեն) Ձանգահարեք թիվը նշված է ձեր ID քարտի առանց գնով: (Armenian)

Niba urondera uwugufasha mu Kirundi, twakure ku busa ku inomero iri ku ikarata karangamuntu yawe. (Bantu-Kirundi)

Alang sa pag-abag sa pinulongan sa (Binisayang Sinugboanon) tawga ang numero nga gilista sa imong kard sa kailhanan nga walay bayad. (Bisayan-Visayan)

বাংলায় ভাষা সহায়তার জন্য আপনার আইডি কার্ডে যে নম্বরটি তালিকাভুক্ত রয়েছে বিনামূল্যে তাতে কল করুন। (Bengali-Bangala)

ငွေကုန်ကျခံစရာမလိုဘဲ (မြန်မာဘာသာစကား) ဖြင့် ဘာသာစကားအကူအညီရယူရန် သင့်အိုင်ဒီကတ် ပေါ်တွင် ပေးထားသည့်ဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။ (Burmese)

Per rebre assistència en (català), truqui al número de telèfon gratuït que apareix a la seva targeta d'identificació. (Catalan)

Para ayuda gi fino' (Chamoru), ágang l numiru ni mangaige gi iyo-mu 'ID card', sin gâstu.. (Chamorro)

Bé m ké gbo-kpá-kpá dyé dé Bäsóò wùdùñ wéε, dá nòbà bé ɔ cééà bó nì dyí-dyoìn-bě̀̀ k̄ε bó pídyi. (Kru-Bassa)

بو وەرگرتنی رینوینی پتوهندیدار به زمان به زمان به ژماره‌ی خۆراییی نووسراو له کارتیی پیناسی خۆتاندای په‌یوهندی بکهن. (Kurdish)

ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນການແປພາສາລາວ, ກະລຸນາໃຫ້ທາໝາຍເລກທີລະບຸໃນບັດປະຈຳຕົວຂອງທ່ານໂດຍບໍ່ເສຍຄ່າໃຫ້. (Laotian)

तील भाषा (मराठी) सहाय्यासाठी तुमच्या आयडी कार्डवर सूचिबद्ध करण्यात आलेल्या क्रमांकावर कोणत्याही खर्चाशिवाय कॉल करा. (Marathi)

Ñan bök jipañ ilo Kajin Majol kwon kallok nōmba eo ej walok ilo kaat in ID eo am ejjelok wōnān. (Marshallese)

Ohng palien sawas en soun kawewe ni omw lokaia Ponape koahl nempe me sansal pohn noumw ID koard ni sohte isais. (Micronesian-Pohnpeian)

សម្រាប់ជំនួយភាសាជា ភាសាខ្មែរ សូមទូរស័ព្ទតាមលេខដែលមាននៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នកដោយឥតគិតថ្លៃ។ (Mon-Khmer, Cambodian)

(नेपाली) मा निःशुल्क भाषा सहायता पाउनका लागि तपाईंको परिचय-पत्रमा उल्लेख गरिएको नम्बरमा फोन गर्नुहोस् । (Nepali)

Tën kuɔny ẽ thok ẽ Thuonjǎŋ col akuën cǐ reec ẽ kaaddu kǝu kecǐn ayǝc. (Nilotic-Dinka)

For språkassistanse på norsk, ring nummeret på ID-kortet ditt kostnadsfritt. (Norwegian)

Fer Hefle in Deitsch, ruf die Fonnummer aa die uff dei ID Kaarde iss. Es Aaruf koschtet nix. (Pennsylvania Dutch)

برای راهنمایی به زبان فارسی، بدون هیچ هزینه ای با شماره ای که بر روی کارت شناسایی شما آمده است تماس بگیرید. انگلیسی (Persian)

Aby uzyskać pomoc w języku polskim, zadzwoń bezpłatnie pod numer podany na karcie ID. (Polish)

Para obter assistência linguística em português ligue para o número grátis listado no seu cartão de identificação. (Portuguese)

(Punjabi) ਪੰਜਾਬੀ ਵਿੱਚ ਭਾਸ਼ਾਈ ਸਹਾਇਤਾ ਲਈ ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ਤੇ ਦਿੱਤੇ ਨੰਬਰ ਤੇ ਕਾਲ ਕਰੋ।

Pentru asistență lingvistică în românește telefonați la numărul gratuit indicat pe cardul dvs. de membru de la Aetna. (Romanian)

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

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

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

Fii yo on hebu balal e ko yowitii e haala Pular noddee e dii numero ji lintaaɗi 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)

ܩܘܡܝܢܐ ܕܥܘܪܝܝܢܐ ܕܥܘܪܝܝܢܐ ܕܥܘܪܝܝܢܐ ܕܥܘܪܝܝܢܐ ܕܥܘܪܝܝܢܐ ܕܥܘܪܝܝܢܐ

(Syriac-Assyrian). ܩܘܡܝܢܐ ܕܥܘܪܝܝܢܐ ܕܥܘܪܝܝܢܐ ܕܥܘܪܝܝܢܐ ܕܥܘܪܝܝܢܐ ܕܥܘܪܝܝܢܐ

భాషతో సాయం కోరకు ఎలాంటి ఖర్చు లేకుండా మీ ఐడి కార్డు మీద ఉన్న నెంబరుకు కాల్ చేయండి. (తెలుగు) (Telugu)

สำหรับความช่วยเหลือทางด้านภาษาเป็น (ภาษาไทย) โทรหมายเลขที่แสดงไว้บนบัตรประจำตัวของท่าน ฟรีไม่มีค่าใช้จ่าย (Thai)

Kapau ‘oku fiema’u hā tōkoni ‘i he lea faka-Tonga telefoni ki he fika ‘oku lisi ‘i ho’o kaati ID ‘o ‘ikai hā tōtōngi (Tongan)

Ren ánnisin chiakú ren (Kapasen Chuuk) kopwe kékkéeri ena nampaan tengewa aa makketiw wóon noumw ena chéén taropween ID nge esapw kamé ngonuk. (Trukese)

(Dilde) dil yardım için sayı hiçbir ücret ödemedен kimlik kartı listelenen diyoruz. (Turkish)

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

اردو میں لسانی معاونت کے لیے اپنے ID کارڈ پر درج نمبر پر مفت کال کریں۔ (Urdu)

Để được hỗ trợ ngôn ngữ bằng (ngôn ngữ), hãy gọi miễn phí đến số được ghi trên thẻ ID của quý vị. (Vietnamese)

פאר שפראך הילף אין אידיש רופט דעם נומער וואס שטייט אויף אייער אידענטיטעט קארטל פריי פון אפצאל. (Yiddish)

Fún ìrànṣọ̀ọ nípá èdè (Yorùbá) pe nọmbà tí a kọ sórí káàdì ìdánimọ ọ̀ rẹ̀ láì san owó kankan rárá. (Yoruba)