Medical Benefits – Claim Instructions

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 is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof. Attention Arkansas, District of Columbia, Rhode Island and Vermont 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 for insurance is guilty of a crime and may be subject to fines and confinement in prison. Attention California Residents: For your protection California law requires notice of the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison. Attention Colorado Residents: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant will be subject to a civil penalty of up to two thousand dollars. Attention Florida Residents: Any person who knowingly provides false, incomplete, or misleading information or material fact thereto commits a fraudulent insurance act, which is a crime. Attention Hawaii Residents: Any person who knowingly provides 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 Idaho Residents: Any person who knowingly provides false, incomplete, or misleading information or material fact thereto commits a fraudulent insurance act, which is a crime. Attention Illinois Residents: Any person who knowingly provides false, incomplete, or misleading information or material fact thereto commits a fraudulent insurance act, which is a crime. Attention Indiana Residents: Any person who knowingly provides false, incomplete, or misleading information or material fact thereto commits a fraudulent insurance act, which is a crime. Attention Iowa Residents: Any person who knowingly provides false, incomplete, or misleading information or material fact thereto commits a fraudulent insurance act, which is a crime. Attention Kansas Residents: Any person who knowingly provides false, incomplete, or misleading information or material fact thereto commits a fraudulent insurance act, which is a crime. Attention Kentucky Residents: Any person who knowingly provides false, incomplete, or misleading information or material fact thereto commits a fraudulent insurance act, which is a crime. Attention Louisiana Residents: Any person who knowingly provides false, incomplete, or misleading information or material fact thereto commits a fraudulent insurance act, which is a crime. Attention Maine and Massachusetts Residents: Any person who knowingly provides false, incomplete, or misleading information or material fact thereto commits a fraudulent insurance act, which is a crime. Attention Maryland Residents: Any person who knowingly provides false, incomplete, or misleading information or material fact thereto commits a fraudulent insurance act, which is a crime. Attention Michigan 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 Minnesota Residents: Any person who knowingly provides false, incomplete, or misleading information or material fact thereto commits a fraudulent insurance act, which is a crime. Attention Missouri Residents: Any person who knowingly provides false, incomplete, or misleading information or material fact thereto commits a fraudulent insurance act, which is a crime. Attention Montana Residents: Any person who knowingly provides false, incomplete, or misleading information or material fact thereto commits a fraudulent insurance act, which is a crime. Attention Nebraska Residents: Any person who knowingly provides false, incomplete, or misleading information or material fact thereto commits a fraudulent insurance act, which is a crime. Attention Nevada Residents: Any person who knowingly provides false, incomplete, or misleading information or material fact thereto commits a fraudulent insurance act, which is a crime. Attention New Hampshire Residents: Any person who knowingly provides false, incomplete, or misleading information or material fact thereto commits a fraudulent insurance act, which is a crime. Attention New Jersey Residents: Any person who knowingly provides false, incomplete, or misleading information or material fact thereto commits a fraudulent insurance act, which is a crime. Attention New Mexico Residents: Any person who knowingly provides false, incomplete, or misleading information or material fact thereto commits a fraudulent insurance act, which is a crime. Attention New York Residents: Any person who knowingly provides false, incomplete, or misleading information or material fact thereto commits a fraudulent insurance act, which is a crime. Attention North Carolina Residents: Any person who knowingly provides false, incomplete, or misleading information or material fact thereto commits a fraudulent insurance act, which is a crime. Attention North Dakota Residents: Any person who knowingly provides false, incomplete, or misleading information or material fact thereto commits a fraudulent insurance act, which is a crime. Attention Ohio Residents: Any person who knowingly provides false, incomplete, or misleading information or material fact thereto commits a fraudulent insurance act, which is a crime. Attention Oklahoma Residents: Any person who knowingly provides false, incomplete, or misleading information or material fact thereto commits a fraudulent insurance act, which is a crime. Attention Oregon Residents: Any person who knowingly provides false, incomplete, or misleading information or material fact thereto commits a fraudulent insurance act, which is a crime. Attention Pennsylvania Residents: Any person who knowingly provides false, incomplete, or misleading information or material fact thereto commits a fraudulent insurance act, which is a crime. Attention Puerto Rico Residents: Any person who knowingly provides false, incomplete, or misleading information or material fact thereto commits a fraudulent insurance act, which is a crime. Attention Rhode Island Residents: Any person who knowingly provides false, incomplete, or misleading information or material fact thereto commits a fraudulent insurance act, which is a crime. Attention South Carolina Residents: Any person who knowingly provides false, incomplete, or misleading information or material fact thereto commits a fraudulent insurance act, which is a crime. Attention South Dakota Residents: Any person who knowingly provides false, incomplete, or misleading information or material fact thereto commits a fraudulent insurance act, which is a crime. Attention Tennessee Residents: Any person who knowingly provides false, incomplete, or misleading information or material fact thereto commits a fraudulent insurance act, which is a crime. Attention Texas Residents: Any person who knowingly provides false, incomplete, or misleading information or material fact thereto commits a fraudulent insurance act, which is a crime. Attention Utah Residents: Any person who knowingly provides false, incomplete, or misleading information or material fact thereto commits a fraudulent insurance act, which is a crime. Attention Virginia Residents: Any person who knowingly provides false, incomplete, or misleading information or material fact thereto commits a fraudulent insurance act, which is a crime. Attention Washington Residents: Any person who knowingly provides false, incomplete, or misleading information or material fact thereto commits a fraudulent insurance act, which is a crime. Attention Wisconsin Residents: Any person who knowingly provides false, incomplete, or misleading information or material fact thereto commits a fraudulent insurance act, which is a crime. Attention Wyoming Residents: Any person who knowingly provides false, incomplete, or misleading information or material fact thereto commits a fraudulent insurance act, which is a crime.

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 of service(s)
   - relationship to employee
   - type of service(s) rendered
   - description of service(s)
   - amount
   - diagnosis code
   - date of services
   - payer
   - medical provider
   - insurance plan information
   - date of service(s)
   - address
   - phone number
   - fax number
   - signature
   - date
   - signature
   - date
   - signature
   - date

   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. Employer's Name
2. Policy/Group Number

3. Employee's Aetna ID Number
4. Employee's Name
5. Employee's Birthday (MM/DD/YYYY)

6. [ ] Active  [ ] Retired
   Date of Retirement
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 Birthday (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
   If Yes, date _______ time _______ am [ ] pm
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

21. If Yes, list policy or contract holder, policy or contract number(s) and name/address of insurance company or administrator:

22. Member's ID Number
23. Member's Name
24. Member's Birthday (MM/DD/YYYY)
25. Patient's Authorized Person's Signature
   Date ____________________________

TO BE COMPLETED BY PHYSICIAN OR SUPPLIER

26. Patient's Authorized Person's Signature
   Date ____________________________

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
   emergency

31. Date patient able to return to work
32. Date of total disability from _______ through _______
33. Date of partial disability from _______ through _______

34. Name of referring physician (e.g., Public Health Agency)
35. For services related to hospitalization give hospitalization dates
   admitted _______ discharged _______

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)
   1. _______
   2. _______
   3. _______
   4. _______

38. Procedures, Medical Services, Supplies Furnished

<table>
<thead>
<tr>
<th>Date of Service</th>
<th>Place of Service*</th>
<th>Procedure Code Identify**</th>
<th>Description of Service</th>
<th>Type of Service †</th>
<th>Charges</th>
<th>Days or Units</th>
<th>Diagnosis Code ‡ †‡</th>
</tr>
</thead>
</table>

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. National Provider Identifier
46. Date

*Place of Service Codes:
1. (IH) - Inpatient Hospital
2. (OH) - Outpatient Hospital
3. (O) - Office Visit
4. (P) - Patient Home
5. (DC) - Day Care Facility (PSY)
6. (NC) - Night Care Facility (PSY)
7. (NH) - Nursing Home

**Please Use Current Procedural Terminology Codes For Surgery

†Type of Service Codes:
1. - Medical Care
2. - Surgery
3. - Consultation
4. - Diagnostic X-Ray
5. - Diagnostic Laboratory
6. - Radiation Therapy
7. - Anesthesia
8. - Assistance at Surgery
9. - Other Medical Service
10. - Blood or Packed Red Cells
11. - A- Used OME
12. - M - Alternate Payment for Maintenance Dialysis
13. - Y - Second Opinion on Elective Surgery
14. - Z - Third Opinion on Elective Surgery

†‡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), CRCoordinato@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 appelez le numéro indiqué sur votre carte d’identité sans frais. (French)

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

T’áá shi shizaad k’ehtji bee shiká a’doowol nínízingo Diné k’ehtji naaltsoos bee atah níljígo nanitíníí béeésh bee hane’è bikáá’ áaji’ t’áá jílk’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 registruar në kartën tuaj të identitetit (ID). (Albanian)

አምርኛ ከም ከማስተሳዱ ለማስተሳዱ ለማስተሳዱ ለማስተሳዱ ለማስተሳዱ ለማስተሳዱ ለማስተሳዱ ለማስተሳዱ (Amharic)

(Arabic)

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

Լուրջ գմտություն արդիականության (հայերեն) ավելիքական պհեսակ շարժակ է դեպ 1D պատճառ նահատակ փոխադի (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 (Binisaya) tawga ang numero nga giliista sa imong kard sa kailhanan nga walay bayad. (Bisayan-Visayan)

বাংলাদেশ ভাষা সহায়তার জন্য আপনার আইডি কার্ডের সে নম্বরটি তালিকাভুক্ত হযো বিনামূল্যে ডালে কল করুন। (Bengali)

မာရီ မာရီ မာရီ မာရီ မာရီ မာရီ မာရီ မာရီ မာရီ မာရီ မာရီ မာရီ မာရီ မာရီ မာရီ မာရီ မာရီ မာရီ မာရီ မာရီ မာရီ မာရီ မာရီ မာရီ မာရီ မာရီ မာရီ မာရီ မာရီ မာရီ မာရီ မာရီ မာရီ မာရီ မာရီ မာရီ မာရီ မာရီ မာရီ မာရီ (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 i numiru ni mangaige gi iyo-mu ‘ID card’, sin gástu. (Chamorro)
(Chahta) aiuma yq apela a ci hvna holkmv chq holissq kollot iskti ma holhten yvt takanli. Na aivli keyu hw ish hj paya hlinla. (Choctaw)

Tajajila afaa Oromiffa argachuufl lakkoofsota bilbilaa waraqaa eenyummaa keessan irra jiran irrati bilisaan bilbilaa. (Cushite)

Bel voor tolke- en vertaaldestien in het Nederlands gratis naar het nummer dat op uw identiteitskaart vermeld staat. (Dutch)

Pou jwen asistans nan lang Krejol Ayisyen, rele nimewo a yo endike nan kat identifikasyon ou gratis. (French Creole)

Για γλωσσική βοήθεια στα Ελληνικά καλέστε χορίς χρέωση τον αριθμό που αναγράφεται στην κάρτα αναγνώρισης. (Greek)

(Gujarati) ગુજરાતીમાં સ્મારક સીલદી મોટે તમારી આઈડી કોડ પર કોઈ નંબર પર કોઈ બાર બાર કોલ કરી. (Hindi)

No ke kókua ma ka ‘ölelo Hawai‘i e kahea aku i ka helu kelepona ma kāu kāleka ID, kāki ‘ole ‘ia kēia kókua nei. (Hawaiian)

(Yoruba) Ṣe gba iru igba ti igba wi gbogbo ti ayele inu. (Igbo)

Para iti tulong ti pagsasao iti pagsasao tawagan ti numero a nakalista iti ID card yo nga awan ti bayadan yo. (Ilocano)

Untuk bantuan dalam bahasa Indonesia, silakan hubungi nomor yang tercantum di kartu ID Anda tanpa dikenakan biaya. (Indonesian)

Per ricevere assistenza linguistica in italiano, può chiamare gratuitamente il numero riportato sulla Sua scheda identificativa. (Italian)

日本語で援助をご希望の方は、IDカードに記載されている番号まで無料でお電話ください。 (Japanese)

한국어로 언어 지원을 받고 싶으시면 보험 ID 카드에 수록된 무료 통화번호로 전화해 주십시오. (Korean)
Bë më ké gu-bañ antó dé ñëg Bësëé wëtuñ wëtë, dà nófa hè gë cééë hò ni dyé-dyoin-hëë këg hò pëdyi. (Kru-Bassa)

بو ورگرتنی رئوئینی بیوندیار نه زمان نه زمان نه زمان نه زمان نه خواری نوسراو له کارتی بیکسی خوختادا بیبوندتی بیکن. (Kurdish)

ثلثة آناتورمالية في المجامع،
التحكم في السمومة الأكبر، في التحكم في السمومة الأكبر. (Laotian)

तीन भाषा (मराठी) सहाय्यासती तुमच्या आयडी कार्ड वापरून करण्यात आलेल्या क्रमांकाच्या
कोणत्याही खानाशिवाय कॉल करा. (Marathi)

ळन बोक जिपाफ इलो कॅजन मॉज व्हन कल्को नोब्म्बा ए व वालोक इलो लाक्ट इन ईड एम एल जेलोक वोनान. (Marshallese)

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

អំពីសារធាតុចំនួនគួរតែ
សម្រាប់ផ្លែស្រស់គ្រប់ពេលនេះប្រើប្រាស់ក្នុងការបញ្ជាក់សុខភាពរបស់អ្នក. (Mon-Khmer, Cambodian)

(नेपाली) मा त्यःशुल्क भाषा सहायता पावनका लागि सपाटीको परिचय-पत्रमा उल्लेख गरिएको नम्बरमा फोन
गर्नुहोस्। (Nepali)

Tën kuçoon è thok è Thoonjân col akúèn cí rééc è kaaddu kšu kécín ayòc.(Nilotic-Dinka)

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

Fer Helfe 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) ਫ਼ਾਜ਼ੀ ਹਿੰਦੀ ਉਪਗੜ੍ਹੀ ਸਵਾਗਤਮ ਸ਼ਰੀ ਉਸਕੇ ਅਕਾਦਮੀ ਬਾਂਡ ਦੇ ਦਿਨੀਅਨ ਦੇ ਵਰਤ ਵਧੇ।

Pentru asistență lingvistică în română, telefonai 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 Ile Gagana Samoa vala’au le numera o lo’o lisiina I luga o lau pepa ID e aunoa ma se toto. (Samoan)

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

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

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

ภายใต้สัญญาณการสื่อสารที่เป็นไปตามกฎหมาย (Thai)

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

Ren ánninisin chikú ren (Kapasen Chuuk) kopwe kékéléi ena nampaan tengewa aa makketiw wóón noumwa ena chéen taropween ID nge esapw kamé ngonuk. (Trukese)

(Dilde) díl yardm için sayıyı hiçbir ücret ödemeden kimlik kartı listelenen diyoruz. (Turkish)

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

أربو مين لنساني معاونت كملي كي اني ID كيارلا بر درج نمبر بر مفت كالي كريلي. (Urdu)

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

פער שפערא הילולים קא יואיז וועט דעס גומע gratis(Tempus) קא יואיז יאכטינאטע ניאטס טאראסל פיר, פון אפזאלא (Yiddish)

Fún iranlèwọ nipa èdè (Yorùbá) pe nómì tí a kọ sórì káádì idánímọ rẹ lái san owó kankan rará. (Yoruba)