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**Applicant's Name:** \_\_\_\_\_ **Effective Date:** \_\_\_\_\_

**Section 1: Choose your plan**

Please fill in your plan name if you are currently an Aetna member. If you are currently an Aetna member, you will fill in the plan name. List the plan name, including the Aetna plan name, health benefits and monthly premium. Check the box next to the health plan you want to enroll in. Then write in the premium (what you have to pay each month) for that plan. You can find this information in the Summary of Benefits. You must continue to pay your Medicare Part B premium.

Aetna Medicare® Plans (HMO)		Aetna Medicare® Plans (PPO)	
<input type="checkbox"/> Value (HMO)	<input type="checkbox"/> Value Plus (HMO)	<input type="checkbox"/> Choice (PPO)	<input type="checkbox"/> Choice Plus (PPO)
<input type="checkbox"/> Select (HMO)	<input type="checkbox"/> Premier Plus (HMO)	<input type="checkbox"/> Standard (PPO)	<input type="checkbox"/> Value (PPO)
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<input type="checkbox"/> Standard (HMO)	<input type="checkbox"/> Select Plus (HMO)	<input type="checkbox"/> Innovation Choice (PPO)	<input type="checkbox"/> Innovation Plus (PPO)
<input type="checkbox"/> Basic (HMO)	<input type="checkbox"/> Elite (HMO)	<input type="checkbox"/> Choice (PPO)	<input type="checkbox"/> Select Plus (PPO)
<input type="checkbox"/> Premier (HMO)			

You can enroll in an **Optional Supplemental Benefits Plan** if it's offered with your HMO health plan and available where you live. You must pay an extra amount each month for these plans. To find out more, visit [aetna.com](#) for your health plan to the program for your Optional Supplemental Benefits Plan. See your health plan's Summary of Benefits to learn more. Check the box next to the plan you want to enroll in.

Aetna Medicare Advantage Dental Plan  Aetna Medicare Advantage Dental Plan + Hearing Aids  
 Aetna Medicare Advantage Dental Plan + Eyewear and Hearing Aids

**Section 2: Fill out your personal info**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle initial:  M.  Ms.  Mx.

Birth date: \_\_\_\_\_ Sex:  Male  Female Primary phone number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Street address (a PO box is not allowed): \_\_\_\_\_ Apt./ Suite/Unit: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Mailing address (only if it's different from the address of your permanent residence): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Emergency contact (optional): \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Emergency contact phone number: \_\_\_\_\_ Home  Cell  Emergency contact e-mail address (optional): \_\_\_\_\_

**Resubmission** Check one. You don't have to give us this info, and we won't share it if you do. It won't affect your coverage, and you can fill it in later when you pay your claim. But it helps us identify health and wellness programs that could fit your needs.

<input type="checkbox"/> African American/Black	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Native American
<input type="checkbox"/> Alaska Natives/Alutian	<input type="checkbox"/> Caucasian/Hispanic American	<input type="checkbox"/> Pacific Islander
<input type="checkbox"/> Alaska Natives/Alutian	<input type="checkbox"/> Caucasian/Hispanic	<input type="checkbox"/> White/Caucasian
<input type="checkbox"/> Alaska Natives/Alutian American	<input type="checkbox"/> Caucasian/Hispanic American	<input type="checkbox"/> White/Caucasian/Hispanic
<input type="checkbox"/> Alaska Natives/Alutian, American	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> White/Caucasian/Pacific Islander
<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic/Pacific Islander	<input type="checkbox"/> Other
<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Native American/Hispanic Islander	

Y0001\_1070\_342 approved 8/2014 2 of 8 GH-0008 7-14-08



Aetna Better Health® of Virginia  
 9881 Mayland Drive  
 Richmond, VA 23233



**AETNA BETTER HEALTH® OF VIRGINIA  
 Provider Claim Reconsideration form**

Please complete the information below in its entirety and mail with supporting documentation and a copy of your claim to the address listed at the bottom of this form. Questions regarding a submission should be directed to Claims Inquiry/Claims Research at **800-279-1878**. Please use one form per member.

Date: \_\_\_\_\_

MEMBER INFORMATION		
Member Name		Date of Service
Patient Account No.		Billed Amount
Member ID		Claim Number

PROVIDER INFORMATION		
Provider Name		Tax ID Number
Practice Name		NPI Number
Street Address		Fax Number
City/State/Zip		Contact name
Provider Phone No.		Contact Number

**SUBMISSION INFORMATION (See second page for detailed descriptions)**

<p><b>Claim Reconsideration</b></p> <p><input type="checkbox"/> Itemized Bill</p> <p><input type="checkbox"/> Duplicate Claim</p> <p><input type="checkbox"/> Corrected Claim (note "corrected" on claim)</p> <p><input type="checkbox"/> Coordination of Benefits (note "corrected" on claim)</p> <p><input type="checkbox"/> Proof of Timely Filing</p> <p><input type="checkbox"/> Claim/Coding Reconsideration</p> <p><input type="checkbox"/> Other Claim reconsideration or Payment Dispute</p> <p>If you checked a box above, and within 365 days of the date of service, please mail claim and all supporting documentation to:</p> <p><b>Aetna Better Health of Virginia</b>                  Attn: Reconsiderations                  P.O. Box 63518                  Phoenix, AZ 85082-3518</p>	<p><b>Examples of Appeals</b></p> <ul style="list-style-type: none"> <li>• Prior-Authorization Appeal</li> <li>• Level of Care Appeal</li> <li>• Medical Necessity Appeal</li> <li>• Other Appeal Request</li> </ul> <p><b>If any of the above apply, and within 30 days of the event giving rise to the appeal, please "do not use this form," but fax or mail the Appeal and all supporting documentation clearly marked as "Filing an Appeal" to:</b></p> <p><b>Aetna Better Health of Virginia</b>                  Attn: Appeals                  9881 Mayland Drive                  Richmond, VA 23233                  - or -                  Fax: 866-669-2459</p>
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Please indicate the reason for resubmission and any pertinent details regarding your claim below.



Print or Save Member Form: Personal Information Form

Member ID	Member Name
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State	Zip
Phone	Mobile Phone

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Therefore, Signnow offers a separate application for mobile phones that work on Android. Confirm and position it by clicking on the symbol "A" and then saves the changes. Everything you need of is a regular internet connection and a device to work on. Put it everywhere on the page and click on the fact. Press done after having completed the document. Signnow paid close attention to iOS users and developed an application just for them. Add the PDF with which you want to work with the use of the camera or cloud archivement by clicking on the symbol +. Of Followed by five simple steps to obtain your form of Aetna Styr has examined without leaving your Gmail account: Go to the Chrome Web shop and add the Signnow extension to your browser. SERA only a friendly chat if you are lucky. Use the Signal tool to create and add the electronic signature to sign the shape of Aetna Styr. 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With the sign, you are able to exign itself as many documents in one day you need at an affordable price. How to make an open for your own Online appealing form how to create an eating for your appropriate form Aetna in Google Chrome how to generate an electronic signature to put it in the appropriate form Aetna in Gmail how to create an eating for the Atna sticky module directly from your mobile device how to generate how to generate how to generate how to generate an electronic signature for the appropriate form Aetna on iOS devices on how to create an eating for the form of the Aetna flap on Android devices on how to create an extending for your Aetna Fisting Form Online Aetna Form -Tutta the Solution to eliminate the Aetna attacker? Open the document and select the page that must be signed. Apply a check mark to point the choice where necessary. Signnow makes the Esigning simpler and convenient for users with numerous additional functionalities such as the invitation to sign, add fields, unite documents and many others. All you need to do is download it or send it via email. Start filling in the empty spaces according to the instructions: hi my name is Nick Ortiz I am a certified invalid insurance lawyer today I am here to talk to you about the Aetna life insurance company and how long -term disabled requests that you may be here manage because they deny your request for LTD and the damage for a series of reasons, and today it was examined the first five number one, they could deny your request because there was a transition in the definition of disabling after 24 months it means For the first 24 months of your policy, they will generally pay the benefits as long as you cannot carry out the material duties of your work to call it Oh not your employment after 24 months and will pay the performance as long as I cannot carry out the material duties of any work, or we call Antioch any occupation that is usually after period of 24 months that say that looks that we know that you could not carry out material tasks of your work, but we think there is other jobs that ca n n n n So they cut your benefits in two years here is a list of the most common customer questions. Be ready to get more if you believe that this page should be taken down, follow our DMCA process from the process here. After you have been signed for you on how to export the appropriate youoetna module: download it to your mobile device, load it on the cloud or send it to another part via e -mail. If you need to share the Aetna Approval module with other people, you can send it by e -mail. Choose my signature. (This information can be found on the member's identity card. However evil, remember to add that you will try your best and it would mean a lot if I could have the opportunity to follow the lesson. If you cannot find an answer to your question, please do not hesitate to contact us. Enter your official data of contact and identification. Get the Atna Styr module signed directly from the smartphone using these six suggestions: type Signnow.com in the phone browser and access your account. ATNA APPAVAL MODULE IN THE MARRY Internet. Search for the document you need to delete on your device and upload it. Create your grant and apply it to the page. "A" The answer is simple - use the Chrome Signow extension. Click the link to the document you want to delete and select Open in Signnow. Press Fact and your signature is ready. There is no separate shape for Du Cic. This applies to And contracts, tax modules and almost all other documents requiring a signature. It takes time to prepare for guest correspondence (less than technical interview), but obviously it's worth it. Create your grant and click OK. Press done. How to fill out the Aetna Appedal module on the Web: to start the empty space, use the filling range; Sign the Online button or select the preview image of the module. Check Double all the filled fields to ensure total accuracy. Find the app easily in the game market and install it by exiting your form of Aetna Appeal. 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Or you are appealing to a denial of pre -authorization and the services must still be rendered, it is necessary to use the complaint of the members and the appeal form. Use my signature to create a unique yet. The Signew extension provides a selection of functionalities (by joining the PDFs, adding numerous signatories, etc.) to ensure a much better signature experience. It is possible to download the [module] signed on your device or share it with other parts involved in a link or via and -mail, consequently. The signnow application is equally effective and powerful as the online app. Create an account using your email or log in via Google or Facebook. The whole procedure can take a few seconds. You can take them anywhere and even use them while you're moving until you have a stable connection with the Internet. Use our detailed instructions to compile and demand your online documents. Upload the PDF you need to be due. 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The following guidelines will help you create an esigning for the signature of Aetna Appeal in Chrome: find the extension in the Web Store and Push Add. Do you need help? A, contacts the "A"

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