

Request for an Appeal of an Allina Health | Aetna Medicare Advantage Plan Claim Denial

Because Allina Health | Aetna Medicare (or one of our delegates) denied your request for payment for medical benefits, you have the right to ask us for an appeal of our decision. You have 65 calendar days from the date of your denial to ask us for an appeal. This form may be sent to us by mail or fax:

Address:

Allina Health | Aetna Medicare Appeals
 PO Box 14067
 Lexington, KY 40512

Fax Number:

1-724-741-4958

If you have already received this service, please continue filling out this form. If not, complete the form titled Request for an Appeal of an Allina Health | Aetna Medicare Advantage Plan Authorization Denial.

You may also ask us for an appeal through our website at www.allinahealthaetnamedicare.com.

Who may make a request: If you want another individual (such as a family member, your doctor or friend) to request an appeal for you, that individual must be your representative.

Contact us at **the number on your ID card, 7 days a week** to learn how to name a representative.

Enrollee’s Information

Enrollee’s Name		Date of Birth
Enrollee’s Address		
City	State	ZIP Code
Primary Phone ()	Enrollee’s Plan ID Number	
Cell Phone ()	Alternate Phone ()	

Complete the following section ONLY if the person making this request is not the enrollee:

Requestor’s Name		Requestor’s Relationship to Enrollee
Address		
City	State	ZIP Code
Primary Phone ()	Fax Number ()	
Cell Phone ()	Alternate Phone ()	

