

Member information (print clearly)

Aetna member ID:

Date of birth (MM/DD/YYYY):

 / /

Male

Female

Last name:

First name:

Middle initial:

Street address:

City:

State:

ZIP code:

Phone number (with area code):

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Doctor, health care professional or supplier information

Provider or supplier name (individual practitioner name):

Provider NPI number (national provider identifier — get this number from your provider):

Street address:

City:

State:

ZIP code:

Phone number (with area code):

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Claim request (information must match your itemized bill)

Date of service (MM/DD/YYYY):

 / /

Amount paid:

\$, .

Reimbursement type:

- Medical
- Dental
- Eyewear
- Vaccine
- Other

Description of procedure(s), service(s), or item(s) (include procedure code if available):

Signature

By signing and submitting this form, you certify that the information is true and correct.

Member or authorized representative signature

Date

Acknowledgment

You understand it is a crime to fill out this form with information you know is false. You understand that submission of a claim is not a guarantee of payment, or payment in the full amount. You understand if the services are deemed covered services then the health plan will reimburse you up to the benefit amount minus any applicable deductibles, coinsurance, or copayments. You understand we may need to disclose the information on the form to other persons and entities to process the claim.

Questions?

We're here to help. Just give us a call at **1-833-570-6671 (TTY:711)**.

How to complete this Medical Claim Reimbursement Form

When to use this form?

1. Fill out this form if you're asking for a medical, dental, eyewear, or vaccine reimbursement and you paid a doctor, health care professional, or service provider who did not bill us directly.
2. Don't use this form for prescription drug claim reimbursements.
Visit [AllinaHealthAetnaMedicare.com](https://www.allinahealthaetnamedicare.com) or call the member services number on your member ID card for a prescription drug claim form.

How to fill out this form?

1. Complete each section. Print clearly in black ink only or type the information in the form online.
2. Sign and date the bottom of the completed form. Appointed representatives must have an Appointment of Representative form on file with the health plan, or you can submit one with this form. You can find an Appointment of Representative form on [AllinaHealthAetnaMedicare.com](https://www.allinahealthaetnamedicare.com).

Where to send the completed form?

1. Make copies of all of your receipts and itemized bills from your provider. Be sure to include your Allina Health | Aetna member ID number on each receipt and bill. All materials submitted will be retained by us and cannot be returned to you.
2. Mail this completed form and your original receipts and itemized bills to the medical claims address on your Allina Health | Aetna member ID card.
3. Or you can fax this completed form, your original receipts and itemized bills to **1-866-474-4040 (TTY: 711)**.

Things to remember

1. Please submit this form within 365 days from the date you received the service or item.
2. Be sure to complete all the steps. Missing information can lead to delays. Watch your Explanation of Benefits for messages from us about this.
3. If this is for an allowance, you may see any licensed provider in the U.S. You must provide the name of the individual practitioner who performed the service.
4. If we approve your request, it can take up to 45 days to send payment once we have all the required information.

Allina Health | Aetna Important disclaimers

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.

See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations, and conditions of coverage. Plan features and availability may vary by service area.

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