



Member Request for Estimate

To obtain the estimate of what Aetna will pay your chosen physician or other provider and what your out-of-pocket expenses will be, you can either:

1. Take the attached form to your physician or other provider and ask them to complete the information regarding the procedure / service you will be receiving; or
2. Contact Member Services by calling the toll-free number on the back of your ID card.

Next, call Member Services at the telephone number located on the back of your ID card (or just stay on the line). They will provide you an email address and/or fax number to return the completed form.

Email: _____

Fax: _____

Then submit your completed form. Aetna will review your request and return your estimate within 2 working days.

Please note that this amount is only an estimate based on the information submitted and not a guaranteed amount. Your actual out-of-pocket costs may differ based on a number of factors, including, for example, your eligibility, the actual services provided to you, the procedure codes submitted by your provider, whether other providers render services to you, the location of the services, your cost-sharing requirements, or other variables that may impact the cost of services. Also, even though your provider may bill separately for multiple procedure codes, we may determine that there is a single code that should have been billed for all of the procedures, and we will pay for only that code.

Member Name	
Member Identification Number	Date of Birth
Type of Service Being Rendered (i.e. surgery, therapy, inpatient services, outpatient services)	
Provider Name	
Provider Identification Number	Provider Tax Identification Number

Physician or Other Provider Services

CPT Code (code used by providers to identify the service rendered)	Date Service is Scheduled to be Performed	Amount Provider will Charge \$
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Physician or Other Provider Services – Additional Service

CPT Code (code used by providers to identify the service rendered)	Date Service is Scheduled to be Performed	Amount Provider will Charge \$
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Physician or Other Provider Services – Additional Service

CPT Code (code used by providers to identify the service rendered)	Date Service is Scheduled to be Performed	Amount Provider will Charge \$
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Facility (hospital, surgery center, radiology facility etc.)

Facility Name	
Facility Identification Number	
CPT Code or Revenue Code Provider will Bill	Charge \$
CPT Code or Revenue Code Provider will Bill	Charge \$
CPT Code or Revenue Code Provider will Bill	Charge \$
CPT Code or Revenue Code Provider will Bill	Charge \$
CPT Code or Revenue Code Provider will Bill	Charge \$

Durable Medical Equipment and Medical Supplies

Provider Name		
Address		
HCPC CODE(code used by providers to identify the service rendered)	Modifier (New Equipment or Rental)	Number of Units
Amount Provider will Charge \$		

Non-Discrimination Notice

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, call 1-866-292-3374.

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 the Civil Rights Coordinator by contacting:

Civil Rights Coordinator, P.O. Box 14462, Lexington, KY 40512
1-800-648-7817, TTY: 711, Fax: 859-425-3379, CRCoordinator@aetna.com.

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).

Availability of Language Assistance Services

TTY: 711

For language assistance in your language call 1-866-292-3374 at no cost. (English)

Para obtener asistencia lingüística en su idioma, llame sin cargo al 1-866-292-3374. (Spanish)

欲取得以您的語言提供的語言協助，請撥打1-866-292-3374，無需付費。(Chinese)

Pour une assistance linguistique dans votre langue, appeler le 1-866-292-3374 sans frais. (French)

Para sa tulong sa inyong wika, tumawag sa 1-866-292-3374 nang walang bayad. (Tagalog)

Hilfe oder Informationen in deutscher Sprache erhalten Sie kostenlos unter der Nummer 1-866-292-3374. (German)

للمساعدة اللغوية بلغتك الرجاء الاتصال على الرقم المجاني 1-866-292-3374. (Arabic)

Pou jwenn asistans nan lang pa w, rele nimewo 1-866-292-3374 gratis. (French Creole)

Per ricevere assistenza nella sua lingua, può chiamare gratuitamente il numero 1-866-292-3374. (Italian)

日本語で援助をご希望の方は1-866-292-3374（フリーダイヤル）までお電話ください。(Japanese)

본인의 언어로 통역 서비스를 받고 싶으시면 비용 부담 없이 1-866-292-3374번으로 전화해 주십시오. (Korean)

برای راهنمایی به زبان شما با شماره 1-866-292-3374 بدون هیچ هزینه ای تماس بگیرید. (Persian)

Aby uzyskać pomoc w swoim języku, zadzwoń bezpłatnie pod numer 1-866-292-3374. (Polish)

Para obter assistência no seu idioma, ligue gratuitamente para o 1-866-292-3374. (Portuguese)

Чтобы получить помощь с переводом на ваш язык, позвоните по бесплатному номеру 1-866-292-3374. (Russian)

Để được hỗ trợ ngôn ngữ bằng ngôn ngữ của bạn, hãy gọi miễn phí đến số 1-866-292-3374. (Vietnamese)
