



Medicare Claim Reimbursement Form

Refer to your member ID card for claim mailing address

Before you get started:

Fill out this form if you're asking for a medical, dental, hearing aid or vision reimbursement and you were billed by a provider who did not bill us directly. Don't use this form for a prescription drug reimbursement. Please call the number on your member ID card for help with prescription drug reimbursements.

To get the reimbursement, you should:

- Simply complete this claim form.
- Attach your **paid** receipt. Be sure to include your member ID number on the receipt.
- Attach your itemized bill from the provider.

Your name	Your member ID number
Address	Date of birth (MM/DD/YYYY)
City, state, ZIP code	Daytime phone number ()

Select reimbursement type:

<input type="checkbox"/> Dental allowance reimbursement	<input type="checkbox"/> Flu/pneumococcal vaccine
<input type="checkbox"/> Hearing aid reimbursement	<input type="checkbox"/> Other pharmacy (Part B) reimbursement
<input type="checkbox"/> Lens reimbursement	<input type="checkbox"/> Foreign claims reimbursement
<input type="checkbox"/> Post-cataract eyewear reimbursement	<input type="checkbox"/> Other — please specify below _____

Procedures, medical services, supplies provided:

Date of Service	Description of Service (include procedure code if available)	Charges

Send this completed form, a copy of the receipt *and* provider bill to the address on your member ID card. Or, you can fax your request, plus copies of the receipt and provider bill, to 1-866-474-4040.

Provider you got the services from:

Provider's name and address (Please include ZIP code)	Provider TIN (tax identification number)
	Provider telephone number ()

Member tips

Be sure to submit the completed form along with all necessary documents. If your request is incomplete, we'll return it and this could delay processing. Processing can take from four to six weeks once we have all the required information.

Questions?

We're here to help. If you have any questions about your claim, just give us a call at the number on your member ID card.

Aetna Medicare is a PDP, HMO, PPO plan with a Medicare contract. Our SNPs also have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, and/or co-payments/co-insurance may change on January 1 of each year. 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.

Aetna complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATTENTION: If you speak a language other than English, free language assistance services are available. Visit our website at www.aetnamedicare.com or call the phone number on your member identification card.

ESPAÑOL (SPANISH): ATENCIÓN: Si usted habla español, se encuentran disponibles servicios gratuitos de asistencia de idiomas. Visite nuestro sitio web en www.aetnamedicare.com o llame al número de teléfono que se indica en su tarjeta de identificación de afiliado.

繁體中文 (CHINESE): 請注意：如果您說中文，您可以獲得免費的語言協助服務。請造訪我們的網站 www.aetnamedicare.com 或致電您的會員卡上的電話號碼。