



Request for an Appeal of an Aetna Medicare Advantage Plan Denial

Because Aetna (or one of our delegates) denied your request for coverage of (or payment for) medical benefits, you have the right to ask us for an appeal of our decision. You have 60 days from the date of our Notice of Denial of Medicare Coverage to ask us for an appeal. This form may be sent to us by mail or fax:

Address:

Aetna Medicare Grievance & Appeals
 PO Box 14067
 Lexington, KY 40512

Fax Number:

1-866-604-7092

You may also ask us for an appeal through our website at www.aetnamedicare.com. Expedited appeal requests can be made by phone at 1-800-932-2159.

Who May Make a Request: Your physician may ask us for an appeal on your behalf. If you want another individual (such as a family member or friend) to request an appeal for you, that individual must be your representative. Contact us at 1-800-282-5366, (TTY 1-888-760-4748 or 711), 8 a.m. to 8 p.m., Monday through Sunday to learn how to name a representative.

Enrollee's Information

Enrollee's Name		Date of Birth
Enrollee's Address		
City	State	ZIP Code
Phone ()	Enrollee's Plan ID Number	

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
Phone ()		

Representation documentation for appeal requests made by someone other than enrollee or the enrollee's prescriber: Attach documentation showing the authority to represent the enrollee (a completed Authorization of Representation Form CMS-1696 or a written equivalent) if it was not submitted at the organization determination level. For more information on appointing a representative, contact your plan or 1-800-Medicare.

A Medicare Advantage organization with a Medicare contract. A Medicare approved Part D Sponsor.

