



Request for Expedited External Review

Aetna and/or Aetna Life Insurance Company
National External Review Unit
PO Box 818000
Cleveland, OH 44181-8000
Phone: (877) 848-5855
Fax Number: (860) 975-1526

Member Instructions

In certain scenarios, you can appeal an Aetna internal coverage decision by requesting an Expedited External Review. Please have your treating provider fill out this form to make the request on your behalf.

Generally, you will receive an expedited review decision as quickly as medical circumstances require, but not later than 72 hours after your request is received. If you're in an urgent care situation as part of an ongoing course of treatment for your condition, you'll receive this external review decision within 24 hours. You, or your legal representative, will be notified of the decision with a phone call first, and then with a written notice (via expedited mail or fax within 48 hours of the verbal notice).

Treating Provider Instructions

To request an Expedited External Review on behalf of the Member, please call the number listed above or complete this form and fax it. If you make the request over the phone, you must follow up with a fax.

You should request an Expedited External Review on behalf of the Member if:

- Waiting for the decision of a standard review would seriously jeopardize the Member's life or health;
- Waiting for the decision of a standard review would jeopardize the Member's ability to regain maximum function;
- The coverage denial concerns an admission, availability of care, continued stay or health care item/service for which the Member received services, but has not been discharged from a facility, and the Member has filed for an expedited internal appeal (unless it is a final coverage denial).

Check ONE box below:

- ☐ I have requested Expedited External Review by telephone and this is a follow-up fax.
- ☐ This faxed form is my initial request for Expedited External Review.

Member Information

Member name		Member's Aetna ID number	
Member street	city	state	ZIP code
Member phone numbers			
Home () -		Mobile () -	

Provider Information

Provider name			
Provider street	city	state	ZIP code
Provider phone numbers			
Office () -		Fax () -	

Expedited External Review Request

I'm requesting an external review for the following coverage denial:

NOTE: Attach copy of coverage denial and all other information you want the reviewer to consider.

Provider Certification

I certify that waiting for a standard review to be completed would jeopardize the health of the Member listed above.		
Provider signature	Printed name	Date

Certain states mandate separate external review processes. External review of additional benefits or services may require a filing fee or a different form. Contact Member Services at the number listed on your identification card or call your state insurance or health department for additional information about state mandated external review procedures. These state mandates may not apply to self-funded plans. You can find out more about external reviews on our website (www.aetna.com) or by calling Member Services.