

Request for External Review

Aetna and/or Aetna Life Insurance Company

PO Box 818000 Cleveland, OH 44181-8000

Phone: (877) 848-5855 **Fax**: (860) 975-1526

Instructions

As a plan member, you can appeal an Aetna internal coverage decision by requesting an External Review.

Please attach a copy of your Plan denial of coverage letter and all other information you want the reviewer to consider. You can submit your request to the mailing address or fax number listed above.

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My Information					
My name	My Aetna			a member ID number	
My street	city		state	ZIP code	
My phone numbers Home () -	Mobile ()	-	1	
My Provider's Information					
Provider name					
Provider street	city		state	ZIP code	
Provider phone numbers Office () -	Fax ()	-	I	
External Review Request					
NOTE: Attach copy of coverage denial and all other information you want the residual signature(s) By signing below, I consent to the release of all confidential healthcare providers to the Independent Review Organization release all confidential information relating to mental/behaviora consent is valid for one year, and I may revoke it at any time by I understand that if I choose to have someone sign below as	medical information by Aei n (IRO) and its reviewers. al health, substance abuse giving written notice to Aet	My con and HI na.	isent in V/AIDS	cludes consent to b, if applicable. My	
request an External Review on my behalf, and that he/she will re		nication	(s) abo		
My signature		Phone no	umber		
My Legal Representative's signature* *Parent, Guardian, Conserva	tor, or Other (Please specify):	Phone no	umber		
Printed name			Date		
My Authorized Representative's signature		Phone no	umber		
Printed name			Date		
Street (if different than the Member's)	city		state	ZIP code	
Certain states mandate separate external review processes. Ex	ternal review of additional	benefits	or ser	vices may require	

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 by visiting our website (www.aetna.com) or by calling Member Services.

GR-67656 (10-22) **M**