



Request for an Appeal of an Aetna Medicare Advantage Plan Authorization Denial

Because Aetna (or one of our delegates) denied your request for coverage of a medical item or service or a Medicare Part B prescription drug, you have the right to ask us for an appeal of our decision. You have 60 calendar days from the date of your denial to ask us for an appeal. This form may be sent to us by mail or fax:

Address:

Aetna Medicare Appeals
PO Box 14067
Lexington, KY 40512

Fax Number:

1-724-741-4953

You may also ask us for an appeal through our website at www.aetnamedicare.com. Expedited appeal requests can be made by phone at **1-888-267-2637**.

Who may make a request: Your doctor 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 **1-888-267-2637, (TTY 711), 8 AM to 9 PM, 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
Primary Phone ()	Enrollee's Plan ID Number	
Cell Phone ()	Alternate phone ()	

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 ()	Fax Number ()		
Cell Phone ()	Alternate Phone ()		Ext

