



## Request for an Appeal of an Aetna Medicare Advantage Plan Claim Denial

Because Aetna (or one of our delegates) denied your request for payment for medical benefits, you have the right to ask us for an appeal of our decision. You have 65 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 Part C 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](http://www.aetnamedicare.com).

**Who may make a request:** If you want another individual (such as a family member, your doctor 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
Primary Phone (    )	Fax Number (    )	
Cell Phone (    )	Alternate Phone (    )	

