



Member Request for Estimate

To obtain an estimate of what Aetna will pay your chosen physician or other provider and what your out of pocket expenses will be, please:

1. Take the attached form to your physician or other provider and ask them to complete the information regarding the procedure / service you will be receiving; or
2. Contact Member Services by calling the toll-free number on the back of your ID card.

Please return the completed form to Aetna at:

Email: **MemberCostEstimateRequests@aetna.com**

Fax: **860-900-7325**

Aetna will review your request and return your estimate within 2 working days.

This is an estimate of what you will pay for health care. Your real costs will depend on the services you receive and how we are billed by the doctor or health care facility. You can talk with your doctor or health care facility about your services, costs and this estimate. This can help you better plan to pay for your care. This is not a guarantee of coverage. Coverage is based on all the terms and conditions of your plan, as well as eligibility when services are provided. Please complete the form in its entirety, incomplete forms WILL NOT be processed.

Member Name	
Member Identification Number	Date of Birth
Type of Service Being Rendered (i.e. surgery, therapy, inpatient services, outpatient services)	
Provider Name and Service Location (Address where services are to be performed.)	
Provider Identification Number	Provider Tax Identification Number

Physician or Other Provider Services

CPT Code and ICD 10 Code (code used by providers to identify the service rendered)	Number of Units
Date Service is Scheduled to be Performed (if available)	Amount Provider will Charge \$

Physician or Other Provider Services – Additional Service

CPT Code and ICD 10 Code (code used by providers to identify the service rendered)	Number of Units
Date Service is Scheduled to be Performed (if available)	Amount Provider will Charge \$

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CPT Code and ICD 10 Code (code used by providers to identify the service rendered)	Number of Units
Date Service is Scheduled to be Performed (if available)	Amount Provider will Charge \$

Physician or Other Provider Services – Additional Service

CPT Code and ICD 10 Code (code used by providers to identify the service rendered)	Number of Units
Date Service is Scheduled to be Performed (if available)	Amount Provider will Charge \$

Facility (hospital, surgery center, radiology facility etc.)

Facility Name		
Facility Identification Number		
Date Service is Scheduled to be Performed (if available)		
CPT Code, Revenue Code and ICD 10 Code Provider will Bill	Number of Units	Charge \$
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Durable Medical Equipment and Medical Supplies

Provider Name and Service Location	
Provider Identification Number	
HCPC CODE and ICD 10 Code (code used by providers to identify the service rendered)	Number of Units
Modifier (New Equipment or Rental)	Amount Provider will Charge \$
Date Service is Scheduled to be Performed (if available)	

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,

P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),

1-800-648-7817, TTY: 711,

Fax: 859-425-3379 (CA HMO customers: 860-262-7705), CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, Coventry Health Care plans and their affiliates (Aetna).

TTY: 711

To access language services at no cost to you, call the number on your ID card.

Para acceder a los servicios de idiomas sin costo, llame al número que figura en su tarjeta de identificación. (Spanish)

如欲使用免費語言服務，請致電您 ID 卡上的電話號碼 (Chinese)

Afin d'accéder aux services langagiers sans frais, veuillez composer le numéro inscrit sur votre carte d'identité. (French)

Para ma-access ang mga serbisyo sa wika nang wala kayong babayaran, tawagan ang numero sa inyong ID card. (Tagalog)

Um auf für Sie kostenlose Sprachdienstleistungen zuzugreifen, rufen Sie die Nummer auf Ihrer ID-Karte an. (German)

للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقتك الشخصية. (Arabic)

Pou jwenn sèvis lang gratis, rele nimewo telefòn ki sou kat idantite ou a. (French Creole-Haitian)

Per accedere ai servizi linguistici, senza alcun costo per lei, chiami il numero sulla tessera identificativa. (Italian)

言語サービスを無料でご利用いただくには、IDカードに記載の番号にお電話ください。 (Japanese)

무료 언어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오. (Korean)

برای دسترسی به خدمات زبان به طور رایگان، با شماره قید شده روی کارت شناسایی خود تماس بگیرید. (Farsi-Persian)

Aby uzyskać dostęp do bezpłatnych usług językowych proszę zadzwonić numer telefonu na Twojej Karcie Identykującej (Polish)

Para acessar os serviços de idiomas sem custo para você, ligue para o número que consta na sua identidade. (Portuguese)

Для получения бесплатной помощи переводчика позвоните по телефону, указанному на Вашей личной карточке медицинского страхования. (Russian)

Nếu quý vị muốn sử dụng miễn phí các dịch vụ ngôn ngữ, hãy gọi tới số điện thoại ghi trên thẻ ID (Nhận dạng) của quý vị. (Vietnamese)