

If you would like to appeal, please check this box

Appeals

Please send your written appeal along with a copy of the entire EOB to this address:

Appeals Resolution Team
PO Box 14464
Lexington, KY 40512

You are entitled to a review (appeal) of this benefit determination if you have questions or do not agree.

To obtain a review, you or your authorized representative should call our Member Services Department using the telephone number displayed on the member ID card or submit a request in writing to the Appeals Resolution Team address shown above. Your request should include the group name (e.g., your employer), your name, member ID, address and date of birth and other identifying information shown on this notice, and any comments, documents, records and other information you would like to have considered, whether or not submitted in connection with the initial claim. You may also review documents relevant to your claim. Verbal or written requests for review of the adverse determination must be communicated, mailed or delivered within 180 days following receipt of this explanation or such longer period as may be specified in your plan brochure or Summary Plan Description.

If your plan provides for a single appeal, notice of the final determination will be sent within 60 days following receipt of your request unless otherwise required by state law.

If your plan provides for two appeals, notice of a determination will be sent within 30 days following receipt of your request unless otherwise required by state law. If you do not agree with such determination, you have the right to file a second request for review.

Please review your plan documents or contact your plan administrator to determine the appeals process available to you.

If you do not agree with the final determination on review, you have the right to bring a civil action under Section 502(a) of ERISA, if applicable.

A copy of the specific rule, guideline or protocol relied upon in the adverse benefit determination will be provided free of charge upon request by you or your authorized representative.

Privacy

Protecting the privacy of member health information is a top priority at Aetna. When contacting us about this notice or for help with other questions, please be prepared to provide the member's name, member ID, address and date of birth.

Fraud

If you suspect fraud or abuse involving the services described in this Explanation of Benefits or would like to report other healthcare fraud related issues, please call the toll-free Hotline at 1-800-338-6361 or contact us by E-Mail at AETNASIU@AETNA.COM.