



**AETNA BETTER HEALTH® OF KENTUCKY**  
 Request to not be a Lock-In Provider

<b>Date:</b>		
<b>Is request for individual provider?</b>	<b>Yes</b>	<b>No</b>
<b>Is request for group practice?</b>	<b>Yes</b>	<b>No</b>

**NOTE: (If request is for a group practice, please provide NPI numbers for each provider in the group.)**

<b>Provider name:</b>		
<b>Provider ID number:</b>		
<b>NPI or Tax ID number:</b>		
<b>Provider Address:</b>		
<b>Provider Telephone number:</b>		<b>Fax number:</b>

<b>Member Name:</b>	<b>Member Identification Number:</b>	<b>Member Date of Birth:</b>
1.		
2.		
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11.		
12.		

AECM00095

13.		
14.		
15.		

**NOTE: If you need more space, please submit on an additional sheet of paper and attach to form.**

Please return form by fax or mail.

Fax: **1-866-415-2818**

Attn: Lock-In Coordinator

9900 Corporate Campus Dr., Suite 1000

Louisville, KY 40223