

2400 Veterans Memorial Blvd., Suite 200
Kenner, LA 70062



If you need this in larger print or another format, call Member Services at **1-855-242-0802**, TTY 711, 24 hours a day, 7 days a week.

Llame hoy mismo al **1-855-242-0802**, TTY 711 las 24 horas a día, 7 días de la semana, si usted desea recibir esta carta en español.

AETNA BETTER HEALTH® OF LOUISIANA Member reimbursement request form

DIRECTIONS: Complete this form and return with a copy of medical bills, receipts and proof of payment.

*Medical bills must be from the provider of service and have billing codes (CPT,HCPCS, Diagnosis) with the date of service within 1 year of Medicaid Eligibility

MEMBER INFORMATION

First name:	<input type="text"/>	Last name:	<input type="text"/>
Aetna ID:	<input type="text"/>	Phone:	<input type="text"/>
Mailing address:	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		

Summary of information on attachments

For each expense (drug prescription, dr visit or hospitalization) enter the following information and attach proof of payment:

Date of expense	Description of service	Name and address of provider	How much did you pay?

CHECK INFORMATION:

Pay to:	<input type="text"/>
Address:	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

Return form to: Aetna Better Health of Louisiana, Member Services
Attn: Member Reimbursement
2400 Veterans Memorial Blvd Ste 200