

Aetna Better Health® of Kansas
 9401 Indian Creek Parkway, Suite 1300
 Overland Park, KS 66210



Request for External Independent Third-Party Review (EITPR)

Members may not request an External Independent Third-Party Review due to payment requirements.

Health plan appeals must be completed prior to requesting an EITPR. The EITPR can only be requested for new health care items or services. The EITPR must be requested within sixty-three (63) days from the date of the appeal denial and include this completed form. Only the records and documentation reviewed during the appeal will be reviewed during the EITPR. Additional documentation will not be accepted with this EITPR request.

For questions or assistance completing this form, please contact the Provider Experience Department at 1-855-221-5656.

REQUIRED INFORMATION	
Provider Name or Facility:	
Designated Contact Name:	
Mailing Address:	
Phone Number:	
Fax Number:	
Email:	
REASON FOR REQUEST	
Aetna Better Health of Kansas Appeal Number:	
Member Name:	
Medicaid ID:	
Issue Being Appealed:	
Authorization Number:	
Denial of a Claim for Reimbursement: Claim Number:	
Basis for the request for EITPR:	

You may submit your External Independent Third-Party Review request by mail, fax, or email:

Aetna Better Health of Kansas
 P.O. Box 81040
 Cleveland, OH 44181
 Fax: 833-857-7050
 Email: ksappealandgrievance@aetna.com

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By signing this form, you acknowledge that you will be held responsible for the costs associated with the EITPR in the event the external reviewer upholds Aetna Better of Kansas' decision.

Printed Name of physician

Signature of physician (Required for Processing)