

**Aetna Better Health® of Michigan**  
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## **Provider Bulletin No 142**

**To:** Aetna Better Health of Michigan Providers  
**From:** Shelia A. McIntyre, Provider Relations Supervisor  
**Date:** December 8, 2015  
**Subject:** **Satisfaction Survey**

Please complete the attached Satisfaction Survey and fax the completed form back to the Provider Relations Department at (866) 602-1251 by or before ***December 22, 2015***.

Thank you for your continued diligence in providing quality healthcare to our membership. If you have any questions or concerns please contact your Provider Relations Representative at (866) 874-2607.