



Medicare Reimbursement Form for Wigs – Aetna Medicare FIDE (HMO-DSNP)

Reimbursement instructions

How to complete this reimbursement form

When to use this form

1. Fill out this form if you're asking for reimbursement of a wig that you or your authorized representative purchased directly.
2. Please fill out a separate form for each wig you purchased. You can only be reimbursed up to your annual benefit amount. If you purchase more than one wig, remember to submit this form and receipts for each wig.

How to fill out this form

1. Make copies or take a picture of all your receipts. Be sure to include your Aetna® member ID number on each receipt or copy of the receipt. We will retain all materials submitted and cannot return them to you.
2. Submit a proof of payment. The proof of payment must clearly state what was purchased, when it was purchased, how much it cost and how it was paid for.
3. Complete each section. Print clearly in black ink only. If you need assistance with the form, please call Member Services at [1-844-362-0934](tel:1-844-362-0934) (TTY: [711](tel:711)), 8 AM to 8 PM, 7 days a week.
4. Sign and date the bottom of the completed form. If someone other than the member is signing the form, you must have an Appointment of Representative form on file with the health plan. You can find this form at [AetnaMedicare.com/NJDSNP](https://www.aetnamedicare.com/NJDSNP). Make sure to send the completed form with the request for reimbursement.

Where to send the completed form

1. Mail this completed form and your receipts to:
Aetna Duals COE Member Correspondence
PO Box 982980
El Paso, TX 79998-2980
2. Or submit your request through email. Email the form and your receipts to COE_MemberServices@AETNA.com. (Helpful hint: If you can use your phone to take a clear picture of the receipt, you can send the picture of the receipt along with the reimbursement form.)

Things to remember

1. Please submit this form within 365 days from the date of service or transaction.
2. You must provide all the requested information. If you don't, it may take longer for us to pay you back. Or we may not be able to pay you back at all.
3. Approved requests can take up to 45 days to send a check to the address we have on file.

Section 4: Signature

By signing and submitting this form, you certify that the information is true and correct and that the services or items for which you requested reimbursement are for your sole use. You are certifying that you understand that any person who knowingly files a claim containing any false or misleading information may be guilty of fraud and is subject to criminal or civil penalties.

Aetna member ID:

Member signature or authorized representative signature:

Date:

Section 5: Acknowledgment

Questions?

We're here to help. **If you have questions, please call Member Services at [1-844-362-0934](tel:1-844-362-0934) (TTY: [711](tel:711)), 8 AM to 8 PM, 7 days a week.**

Aetna Medicare FIDE (HMO D-SNP) is a Fully Integrated Dual Eligible Special Needs Plan with a Medicare contract and a contract with the New Jersey Medicaid Program. Enrollment in Aetna Medicare FIDE depends on contract renewal.

See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage.

Important disclaimers

Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

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Notice of Availability (NOA)

TTY: 711

To access language services at no cost to you, call the number on your ID card. (English)

እርስዎ ወጪ ሳያወጡ የቋንቋ አገልግሎቶችን ለመድረስ በመታወቂያ ካርድዎ (ID) ላይ ወዳለው ቁጥር ይደውሉ። (Amharic)

(Arabic) للحصول على خدمات اللغة مجاناً، اتصل بالرقم الموجود على بطاقة العضوية الخاصة بك.

如欲使用免費語言服務，請致電您 ID 卡上的電話號碼。 (Chinese)

Tajaajila afaanii bilisaan argachuuf, lakkoofsa Waraqaa Eenyummeessaa (ID) keessan irra jiru irratti bilbilaa. (Cushite)

Pour accéder gratuitement aux services linguistiques, appelez le numéro figurant sur votre carte d'identité. (French)

Pou w jwenn aksè ak sèvis lang gratis pou ou, rele nimewo ki sou kat idantite w la. (French Creole)

Um kostenlos auf Sprachdienste zuzugreifen, rufen Sie die Nummer auf Ihrem Ausweis an. (German)

Inā ake ‘oe e ili mai no ke kōkua manuahi me ka unuhi, e kelepona ‘oe i ka helu ma kou kāleka ID. (Hawaiian)

Kom tau txais cov kev pab cuam txhais lus yam tsis sau nqi ntawm koj, thov hu rau tus xov tooj nyob ntawm koj daim npav ID. (Hmong)

Per accedere gratuitamente ai servizi linguistici, chiama il numero riportato sul tuo tesserino identificativo. (Italian)

無料の言語サービスをご利用いただくには、ご自身のIDカードに記載されている番号にお電話ください。 (Japanese)

လၢကမၤန့ၢ် ကျိၣ်တၢ်မၤစၢၤတၢ်မၤ လၢတလိၣ်လၢ်ဘျီၣ်လၢ်စ့ၤ လၢန့ၢ်အဂီၢ်, ကိးနီၣ်ဂံၢ် လၢအအိၣ် ဖဲန့ၢ် ID အဖီခိၣ်န့ၢ်တက့ၢ်. (Karen)

무료로 언어 서비스를 이용하려면 ID 카드에 적힌 전화번호로 전화하세요. (Korean)

ເພື່ອເຂົ້າເຖິງການບໍລິການພາສາໂດຍບໍ່ເສຍຄ່າໃຊ້ຈ່າຍໃດໆແກ່ທ່ານ, ໃຫ້ໂທຫາເບີທີ່ຢູ່ໃນບັດປະຈຳຕົວຂອງທ່ານ. (Laotian)

ដើម្បីទទួលបានសេវាផ្នែកភាសាដោយមិនគិតថ្លៃពីអ្នកសូមទូរសព្ទទៅលេខដែលមាននៅលើកាតសម្គាល់ខ្លួនរបស់អ្នក។ (Mon-Khmer, Cambodian)

برای دسترسی به خدمات زبانی رایگان، با شماره مندرج روی کارت ID خود تماس بگیرید. (Persian)

Aby uzyskać bezpłatny dostęp do usług językowych, zadzwoń pod numer podany na karcie ID. (Polish)

Ligue para o número que está no seu cartão de identificação para receber assistência linguística gratuita. (Portuguese)

Чтобы получить бесплатные языковые услуги, позвоните по номеру телефона, указанному на вашей идентификационной карте. (Russian)

Para acceder a servicios de idiomas sin costo alguno, llame al número que figura en su tarjeta de identificación. (Spanish)

Upang ma-access ang mga serbisyo sa wika nang wala kang babayaran, tawagan ang numero sa iyong ID card. (Tagalog)

Để truy cập dịch vụ ngôn ngữ miễn phí, hãy gọi đến số điện thoại trên thẻ ID của quý vị. (Vietnamese)

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