



Aetna Better Health® of Oklahoma

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777 NE 63rd Street, Suite 100

Oklahoma City, OK 73116

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Including ADA information in provider submissions

Dear Provider Partners,

At Aetna Better Health, we're committed to making health care more accessible and inclusive for all our members. To support this goal, we ask that all provider submissions—such as rosters, applications, and updates—include Americans with Disabilities Act (ADA) information:

Accommodates blind/visually impaired	Adjustable exam table
Accommodates deaf/hearing impaired	Handicap access – exam room / medical equipment
Accommodates physical disabilities	Handicap access - exterior
Accommodates special needs	Handicap access - interior
Cultural competency training	Handicap access - restrooms
American sign language interpreter	Public transit access
Language interpreter - in office	Wheelchair accessibility
Language interpreter - language line	

Starting February 1, 2026 submissions missing ADA details will be returned for completion, which may delay processing.

If you would like to submit your roster, ensuring compliance, you may do so through our website.

How to submit

1. Visit our website and click 'Contact Us'
2. Scroll to the bottom and select 'Still need support (contact us)?'
3. Choose the appropriate provider demographics option for your update

The recipient of this fax may make a request to opt-out of receiving telemarketing fax transmissions from Aetna. There are numerous ways you may opt-out: The recipient may call toll-free **877-265-2711** and/or fax the opt-out request to **1-888-263-9488**, at any time, 24 hours a day/7 days a week. The recipient may also send an opt-out request via email to **do_not_call@aetna.com**. An opt out request is only valid if it (1) identifies the number to which the request relates, and (2) if the person/entity making the request does not, subsequent to the request, provide express invitation or permission to Aetna to send facsimile advertisements to such person/entity at that particular number. Aetna is required by law to honor an opt-out request within thirty days of receipt. An opt out request will not opt you out of purely informational, non-advertisements, such as prior authorization requests and notices.

4. Complete all required fields and upload your W-9, supporting documents, and updated roster
5. Submit your request

Thank you for helping us keep provider data accurate and inclusive. Your partnership makes a meaningful difference in the care our members receive.

Questions?

Contact the Provider Engagement team toll free at: **1-844-365-4385** or by email **ABHOKProviderEngagement@Aetna.com**