



# Administrative Tools

## Provider Appeal Form

### Post Services Appeals

Disputes of the denial of services that have been previously rendered. The provider may file a formal appeal to dispute any of the following:

- Denied days for an inpatient stay, including medical necessity service rendered without an authorization/pre-certification
- Claims denied for no prior authorization that have been upheld upon reconsideration. (Example: after submission of proof of prior authorization, claims that remain denied after Aetna Better Health's reconsideration.)
- Services denied per finding of a review organization.

The provider must initiate an appeal challenging Aetna Better Health's action in writing by fax or mail to the Aetna Better Health® Appeals Department. Provider appeals must be filed within 60 days from the date of notification of claim denial unless otherwise specified with the provider contract.

**Mail to: Aetna Better Health® of Pennsylvania**      **or**      **Fax: 1-860-754-1757**

Attn: Appeals Department  
PO Box 81040  
5801 Postal Road  
Cleveland, OH 44181

### The documentation required for review and reconsideration is as follows:

Operative notes, Medical notes, Office notes, ER notes

I do not agree with Aetna Better Health's decision, therefore I am requesting a formal appeal with Aetna Better Health.

Member Name \_\_\_\_\_ Member ID # \_\_\_\_\_

Date(s) of Service Denied \_\_\_\_\_ Claim Number \_\_\_\_\_

Date of Notice of Action \_\_\_\_\_

Please attach any other necessary information along with your operative notes, medical notes, office notes or ER notes to enable a thorough Appeal/Grievance investigation.

\_\_\_\_\_  
\_\_\_\_\_

Provider Name \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_

Contact Person's Address \_\_\_\_\_

\_\_\_\_\_

Signature of requestor \_\_\_\_\_

Date \_\_\_\_\_



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