



Aetna Better Health[®] of Texas

Claims Reconsideration

Complete this form and return to Aetna Better Health of Texas for processing your request.

Request for reconsideration:

Please choose one of the following reasons:

- Corrected claim
- Itemized bill/medical records (in response to a claim denial)
- Other insurance/third-party liability information
- New Texas Provider Identifier (TPI) issues or re-attestation
- Other:

Provider Name*	Provider Tax ID*
Provider NPI*	Date of last Explanation of Payment*
Aetna Claim Number*	Dates of Service (provide a range if multiple claims)*
Member Name*	Member ID*

(*Indicates a required field)

Attach all documentation and return to:
Aetna Better Health of Texas
P.O. Box 60938
Phoenix AZ 85082

Requested by: _____

Phone Number _____

Date _____