



AETNA BETTER HEALTH® OF TEXAS

# Claims Reconsideration & Appeals Form

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:

\_\_\_\_\_

Claim Appeal

Please choose one of the following reasons:

- Authorization issue. Authorization Number is \_\_\_\_\_
- Eligibility issue
- Incorrect payment per the contract
- Timely filing
- 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)

Aetna Better Health of Texas  
 ATTN: Complaints and Appeals Department  
 P.O. Box 81040  
 5801 Postal Rd  
 Cleveland, OH 44181

Person requesting \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 Date \_\_\_\_\_