



Aetna Better Health® of Virginia  
9881 Mayland Drive  
Richmond, VA 23233

This is general health information and should not replace the advice or care you get from your provider. Always ask your provider about your own health care needs.

Esta es información general de salud y no debe reemplazar el asesoramiento o la atención que usted recibe de su proveedor. Siempre consúltelo a este sobre sus necesidades de atención médica.

Aetna complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

**ENGLISH: ATTENTION:** If you speak English, language assistance services, free of charge, are available to you. Call the number on the back of your ID card or **1-800-385-4104 (TTY: 711)**.

**SPANISH: ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que aparece en el reverso de su tarjeta de identificación o al **1-800-385-4104 (TTY: 711)**.

**KOREAN:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 ID 카드 뒷면에 있는 번호로나 **1-800-385-4104 (TTY: 711)** 번으로 연락해 주십시오.



**Aetna Better Health® of Virginia**  
Time for your well woman exams

[AetnaBetterHealth.com/Virginia](https://www.AetnaBetterHealth.com/Virginia)

969806-VA-EN



Aetna Better Health® of Virginia

## Time for your well woman exams

Aetna Better Health of Virginia wants you to get your well woman exams and screenings. Schedule an appointment to see your primary care provider (PCP) or OB/GYN today. Ask if you are due for a Pap smear or a Mammogram. If you need help finding a PCP, OB/GYN or Mammography location, call Member Services at **1-800-279-1878 (TTY: 711)**. We're here to help you, 24 hours a day, 7 days a week.

Members who have these services and have their provider send this form back to Aetna Better Health of Virginia will receive the following incentives in a **Walmart gift card\***:

• **Mammogram: \$15**

• **Pap Test: \$15**

**Please note that there may be an annual limit on your total incentive amount that you could receive per calendar year.**

Services must be completed by 12/31/2022.

*\*Must be an Aetna Better Health of Virginia member at the time of the visit.*



**Providers, please complete this form and fax it back to us at 844-203-0020.**

Member name (print) \_\_\_\_\_

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone number \_\_\_\_\_

Member Date of Birth \_\_\_\_\_

Doctor's name (print) \_\_\_\_\_

Provider ID # \_\_\_\_\_

Address \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone number \_\_\_\_\_

Doctor's Signature \_\_\_\_\_

Date of visit \_\_\_\_\_

**Check services  
completed on  
date of visit:**

Mammogram

Pap Test