



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

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**

Services must be completed by 12/31/2021.

*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