



AETNA BETTER HEALTH® OF KENTUCKY

Provider Request Member Lock-In Referral Form

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|---|
| Date: |
| Member name: |
| Aetna Better Health Member ID# |
| Nature of referral in the Lock-In program: |

Referral contact information:

| | | | |
|--|-----------------|--------------------|-----------------|
| Name: | | | |
| Referral Type (Circle one): | Pharmacy | Physician | Hospital |
| Name: | | | |
| Telephone number: | | Fax number: | |

Please return form by fax or mail.
Fax: **1-866-415-2818**
Attn: Lock-In Coordinator
9900 Corporate Campus Dr., Suite 1000
Louisville, KY 40223