



**AETNA BETTER HEALTH®
PROVIDER NOMINATION FORM**

Aetna Better Health® of Michigan is interested in outreaching to providers you may like to see in our network. Please complete the information below, then fax or mail your nomination to our Provider Services Department.

Date: _____

Physician or Provider Name: _____

Medical Group Name (if known): _____

Address/Telephone Number (required): _____

Specialty of the provider: _____

Information about you

Your Name & ID#: _____

Daytime Telephone: _____

Evening Telephone: _____

Email Address: _____

Fax to: 1- 860-607-7415

Or

Mail to: Aetna Better Health of Michigan
Attention: Provider Services
1333 Gratiot Ave., Suite #400
Detroit, MI 48207

Please note that Aetna Better Health of Michigan cannot guarantee that any specific health care provider or medical group will participate in the network.

Thank you for your nomination!