Provider Claim Resubmission /Reconsideration Form

Mail to: From: (contact)
Aetna Better Health of Nebraska
Attention: Claims Resubmission/Reconsideration
P.O. Box 63188
Phoenix, AZ 85082

Phone: ____________________________

Corrected Claim
Reconsideration

Required Information

Member Name __________________________ Member ID # __________________________

Date(s) of Service __________________________ Remittance Advice Date: ______________

Amount Billed: __________________________ Amount Paid: __________________________

Claim Number(s) __________________________

Providers have 180 days from the date of denial/processing to correct and resubmit claims. For timely filing
reconsiderations, refer to Aetna Better Health® of Nebraska’s criteria to initiate a review to override timely filing in
the Provider Handbook. Please allow approximately 30 days for processing.

Please use the space below to supply any other necessary information, along with your attachments, to enable a
through reconsideration.

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Sender __________________________ Date ____________

NE-14-06-67