


# PROVIDER BULLETIN

 <b>AETNA BETTERHEALTH® OF FLORIDA</b>  261 N. University Drive Plantation, FL 33324 <a href="http://www.AetnaBetterHealth.com/Florida">www.AetnaBetterHealth.com/Florida</a>	<b>Date:</b>	<b>February 19, 2020</b>
	<b>Purpose:</b>	<b>Provider Bulletin: Request DME/HME Rendered Form Completion</b>
	<b>Subject:</b>	<b>ABHFL DME/HME Services Rendered Form Reminder</b>
	<b>Products:</b>	<b>Durable Medical Equipment (DME) Providers</b>
	<b>From:</b>	<b><u>Provider Relations</u></b>

Dear Provider,

As a Durable Medical Equipment/Home Medical Equipment provider you provide a wide-range of services. To better serve our members we require specific information about the services you render.

Please visit <https://www.surveymonkey.com/r/QCTHPCB> in order to complete a Aetna Better Health of Florida DME/HME Services Rendered Form. Please complete a Form for each provider Tax ID/NPI combination indicating all the services you provide. For example, if you have one (1) Tax ID with multiple NPIs, you will need to fill out this form for each combination.

We appreciate the excellent care you provide to our members and helping us keep the most updated information in our Provider Directories for our members. If you have any questions about this Form or how to complete the Form, the contracting team is available to answer your questions by reaching them via email at: [FLMedicaidContracting@aetna.com](mailto:FLMedicaidContracting@aetna.com)

Thank you

Provider Relations Contracting Department  
**Aetna Better Health of Florida**

Telephone: 1-800-441-5501

Fax: 1-860-262-9414

E-mail: [FLMedicaidContracting@aetna.com](mailto:FLMedicaidContracting@aetna.com)

**CONFIDENTIALITY NOTICE:** This message is intended only for the user of the individual or entity to which it is addressed and may contain confidential and proprietary information. If you are not the intended recipient of the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is prohibited. If you received this communication in error, please notify the sender at the phone number above. **NOTICE TO RECIPIENT(S) OF INFORMATION:** Information disclosed to you pertaining to alcohol or drug abuse treatment is protected by federal confidentiality rules (42 CFR Part 2), which prohibit any further disclosure of this information by you without express written consent of the person to whom it pertains of as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient

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