



# Aetna Better Health<sup>®</sup> of Texas

## Claim Appeal Form

A claim appeal is a written request by a provider to give further consideration to a claim reimbursement decision based on the original and or additionally submitted information.

Complete this form and return to Aetna Better Health of Texas for processing your request.

Please choose one of the following reasons:

- Authorization issue. Authorization Number is \_\_\_\_\_
- Eligibility issue
- Incorrect payment per the contract
- Timely filing
- Other: \_\_\_\_\_

Provider Name*	Provider Tax ID*
Provider NPI*	Date of last Explanation of Payment*
Aetna Claim Number*	Dates of Service (provide a range if multiple claims)*
Member Name*	Member ID*

(\*Indicates a required field)

Attach all documentation and return to:  
Aetna Better Health of Texas  
ATTN: Complaints and Appeals Department  
P.O. Box 81040  
5801 Postal Rd  
Cleveland, OH 44181

Requested by: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

**AetnaBetterHealth.com/Texas**

TX-21-03-02