



## Request for an Appeal of an Aetna Medicare Advantage Plan Authorization Denial

Because Aetna (or one of our delegates) denied your request for coverage of medical benefits, you have the right to ask us for an appeal of our decision. You have 60 calendar days from the date of your denial to ask us for an appeal. This form may be sent to us by mail or fax:

**Address:**

Aetna Medicare Appeals & Grievances  
PO Box 14067  
Lexington, KY 40512

**Fax Number:**

1-724-741-4953

You may also ask us for an appeal through our website at [www.aetnamedicare.com](http://www.aetnamedicare.com). Expedited appeal requests can be made by phone at **1-800-932-2159**.

**Who may make a request:** Your doctor may ask us for an appeal on your behalf. If you want another individual (such as a family member or friend) to request an appeal for you, that individual must be your representative. Contact us at **1-800-282-5366, (TTY 711), 8 a.m. to 8 p.m., Monday through Sunday** to learn how to name a representative.

**Enrollee's Information**

Enrollee's Name		Date of Birth	
Enrollee's Address			
City	State	ZIP Code	
Phone (    )	Enrollee's Plan ID Number		

**Complete the following section ONLY if the person making this request is not the enrollee:**

Requestor's Name		Requestor's Relationship to Enrollee	
Address			
City	State	ZIP Code	
Phone (    )			

**Representation documentation for appeal requests made by someone other than enrollee or the enrollee's doctor:** Attach documentation showing the authority to represent the enrollee (a completed Authorization of Representation Form CMS-1696 or a written equivalent). For more information on appointing a representative, contact your plan or 1-800-Medicare 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

