Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Attention Alabama Residents:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison. Attention Arizona Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Attention Louisiana Residents:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application is guilty of a crime and may be subject to fines and confinement in prison.

**Attention Missouri Residents:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, denial of insurance benefits.

**Attention New York Residents:** Any person who knowingly and with intent to defraud any insurance company or other person engages in insurance fraud by knowingly or negligently providing false information in an application for insurance or statement of claim containing any materially false information, or for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

**Attention Florida Residents:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**Attention Kansas Residents:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and subjects such person to criminal and civil penalties.

**Attention Maryland Residents:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Attention Missouri Residents:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, denial of insurance benefits. Attention Maryland Residents: Any person who unknowingly or without intent presents false or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**Attention Florida Residents:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**Attention Kansas Residents:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Attention Kentucky Residents:** Any person who knowingly and with intent to defraud any insurance company or other person files a claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Attention Louisiana Residents:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application is guilty of a crime and may be subject to fines and confinement in prison.

**Attention Maine and Tennessee Residents:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, denial of insurance benefits. Attention Maryland Residents: Any person who unknowingly or without intent presents false or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**Attention Florida Residents:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**Attention Kansas Residents:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Attention Kentucky Residents:** Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Attention Louisiana Residents:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application is guilty of a crime and may be subject to fines and confinement in prison.

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**Attention Kentucky Residents:** Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
TO BE COMPLETED BY EMPLOYEE

1. Employer's Name
2. Policy/Group Number
3. Employee's Aetna ID Number
4. Employee's Name
5. Employee's Birthdate (MM/DD/YYYY)
6. ☐ Active ☐ Retired
   Date of Retirement
7. Employee's Address (include ZIP Code) ☐ Address is new
8. Employee's Daytime Telephone Number ( )
9. Patient's Name
10. Patient's Aetna ID Number
11. Patient's Birthdate (MM/DD/YYYY)
12. Patient's Relationship to Employee
   ☐ Self ☐ Spouse ☐ Child ☐ Other
13. Patient's Address (if different from employee)
14. Patient's Gender
   ☐ Male ☐ Female
15. Patient's Marital Status
   ☐ Married ☐ Single
16. Is patient employed? ☐ No ☐ Yes
17. Name & Address of Employer
18. Is claim related to an accident? ☐ No ☐ Yes If Yes, date ___ time ___ am pm
19. Is claim related to employment? ☐ No ☐ Yes
20. Are any family members expenses covered by another group health plan, group pre-payment plan (Blue Cross-Blue Shield, etc.), no fault auto insurance, Medicare or any federal, state or local government plan?
   ☐ No ☐ Yes
21. If Yes, list policy or contract holder, policy or contract number(s) and name/address of insurance company or administrator:
22. Member's ID Number
23. Member's Name
24. Member's Birthdate
25. To all providers of health care:
   You are authorized to provide Aetna Life Insurance Company or one of its affiliated companies ("Aetna"), and any independent claim administrators and consulting health professionals and utilization review organizations with whom Aetna has contracted, information concerning health care advice, treatment or supplies provided the patient (including that relating to mental illness and/or AIDS/ARC/HIV). This information will be used to evaluate claims for benefits. Aetna may provide the employer named above with any benefit calculation used in payment of this claim for the purpose of reviewing the experience and operation of the policy or contract. This authorization is valid for the term of the policy or contract under which a claim has been submitted. I know that I have the right to receive a copy of this authorization upon request and agree that a photographic copy of this authorization is as valid as the original.
   Patient's or Authorized Person's Signature
   Date
26. I authorize payment of medical benefits to the physician or supplier of service.
   Patient's or Authorized Person's Signature
   Date
27. Date of illness (first symptom) or injury (accident) or pregnancy (LMP)
28. Date first consulted you for this condition
29. If patient has had similar illness or injury, give dates
30. If an emergency check here
31. Date patient able to return to work
32. Date of total disability
   from through
33. Date of partial disability
   from through
34. Name of referring physician (e.g., Public Health Agency)
35. For services related to hospitalization give hospitalization dates
   admitted discharged
36. Name & address of facility where services rendered (if other than home or office)
37. Diagnosis or nature of illness or injury (please indicate primary and secondary)
1. 
2. 
3. 
4. 
38. Procedures, Medical Services, Supplies Furnished

<table>
<thead>
<tr>
<th>Date of Service</th>
<th>Place of Service*</th>
<th>Procedure Code Identify**</th>
<th>Description of Service</th>
<th>Type of Service †</th>
<th>Charges</th>
<th>Days or Units</th>
<th>Diagnosis Code ‡‡</th>
</tr>
</thead>
</table>

39. Physician's Name & Address (include ZIP Code)
40. Telephone Number ( )
41. Enter the taxpayer identifying number to be used for 1099 reporting purposes. You are required under authority of law to furnish your taxpayer identifying number.
42. Patient Account Number
43. Total charge $  
   Amount paid $ 
   Balance due $ 
44. Physician's or Supplier's Signature
45. National Provider Identifier
46. Date

* Place of Service Codes:
   1 - (IH) - Inpatient Hospital
   2 - (OH) - Outpatient Hospital
   3 - (O) - Office Visit
   4 - (H) - Patient Home
   5 - (PSY) - Day Care Facility (PSY)
   6 - (PSY) - Night Care Facility (PSY)
   7 - (NH) - Nursing Home
   8 - (SNF) - Skilled Nursing Facility
   9 - (O) - Other Location
   A - (IL) - Independent Laboratory
   B - (OL) - Other Medical Surgical Facility
   C - (RTC) - Residential Treatment Center
   D - (STF) - Specialized Treatment Facility

† Type of Service Codes:
   1 - Medical Care
   2 - Surgery
   3 - Consultation
   4 - Diagnostic X-Ray
   5 - Diagnostic Laboratory
   6 - Radiation Therapy
   7 - Anesthesia
   8 - Assistance at Surgery
   9 - Other Medical Service
   0 - Blood or Packed Red Cells
   A - Used DME
   M - Alternate Payment for Maintenance Dialysis
   Y - Second Opinion on Elective Surgery
   Z - Third Opinion on Elective Surgery

‡‡ Please Use ICD Code For Discharge Diagnosis
Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, contact:
Civil Rights Coordinator,
P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),
1-800-648-7817, TTY: 711,
Fax: 859-425-3379 (CA HMO customers: 860-262-7705), CRCCoordinator@aetna.com.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with Civil Rights Coordinator.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

*Please read the full text*
TTY: 711

For language assistance in your language call the number listed on your ID card at no cost. (English)

Para obtener asistencia lingüística en español, llame sin cargo al número que figura en su tarjeta de identificación. (Spanish)

欲取得繁體中文語言協助，請撥打您 ID 卡上所列的號碼，無需付費。 (Chinese)

Pour une assistance linguistique en français appelez le numéro indiqué sur votre carte d'identité sans frais. (French)

Para sa tulong sa wika na Tagalog, tawagan ang nakalista numero sa iyong ID card nang walang bayad. (Tagalog)

Pour une assistance linguistique en français appelez le numéro indiqué sur votre carte d'identité sans frais. (French)

Para sa tulong sa wika na Tagalog, tawagan ang nakalista numero sa iyong ID card nang walang bayad. (Tagalog)

Pour une assistance linguistique en français appelez le numéro indiqué sur votre carte d'identité sans frais. (French)

Para sa tulong sa wika na Tagalog, tawagan ang nakalista numero sa iyong ID card nang walang bayad. (Tagalog)

Pour une assistance linguistique en français appelez le numéro indiqué sur votre carte d'identité sans frais. (French)
Bë më ké gbo-kpá-kpá dyé që Bàsáw wùqùnn wëè, qà nònà hé o cëëà hò ni dyi-dyoin-bëè kàà hé bò pìdyi. (Kru-Bassa)

(There is no text in this language)

پو و مرگنیبی رینویی پیروندیار به زمان به زمان به زمان دی خواراب نوسرا به لک کارتی پنناسی خوناداتی یاموندی بکان.

(There is no text in this language)

क्षणिक सार्वजनिक अभिव्यक्तियों में जागरूकता,
जो वैभवशीलता की इक्कीस दिनों बाद निराशा के साथ होती है। (Laotian)

तील भाषा (मराठी) सहाय्यासाठी तुमच्या आह्वान काढव्याच करण्यात आलेल्या क्रमांकावर
कोणत्याही खरेदीवाच कॉल करा. (Marathi)

Ńnan bôk jipañ ilo Kajin Majol kwon kallok nömba eo ej walok ilo kaat in ID eo așej ejelok wônân. (Marshallese)

Ohng palien sawas en soum kawewe ni omw lokaia Ponape koahl nempe me sansal pohn noumwi ID koard ni sohte isais. (Micronesian-Pohnpeian)

गणतंत्रीकरणाची प्रक्रिया
लूस स्वतंत्रता आवक्षणिकता ह्या दृष्टिकोणातून भारतेंदूत महामार्गी आतील (Mon-Khmer, Cambodian)

(नेपाली) मा लिएँ: नेपाली भाषा सहायता पाठका लागि तपाईको परिचय-पत्रमा उल्लेख गरिएको नम्बरमा फोन गर्नुहोस्। (Nepali)

Tén kuoony é thok é Thuonjâq coi akuèn ci reec è kaaddu këf kecin ayôc. (Nilotic-Dinka)

For språkassistanse på norsk, ring nummeret på ID-kortet ditt kostnadsfritt. (Norwegian)

Fer Helfe in Deitsch, ruf die Fonnummer aa die uff dei ID Kaarde iss. Es Aaruf koschtet nix. (Pennsylvania Dutch)

برای راهنمایی به زبان فارسی، بدون هیچ هزینه ای با شماره ای که بر روی کارت شناسایی شما آمده است تماس بگیرید. انگلیسی (Persian)

Aby uzyskać pomoc w języku polskim, zadzwoń bezpłatnie pod numer podany na karcie ID. (Polish)

Para obter assistência linguística em português ligue para o número grátis listado no seu cartão de identificação. (Portuguese)

(پنجابی) پنجابیہ جنگلا دیہی مدارضہ کہڑی ساختے پنجابیہ جنگلا دیہی دے ڈیٹیو طیارہ دے وڈے وڈے। (Punjabi)

Pentru asistenţă lingvistică în română, telefonați la numărul gratuit indicat pe cardul dvs. de membru de la Aetna. (Romanian)
Чтобы получить помощь русскоязычного переводчика, позвоните по бесплатному номеру, указанному в вашей ID-карте удостоверения личности. (Russian)

Mo fesoasoani tau gagana I le Gagana Samoa vala’au le numera o lo’o lisina I luga o lau pepa ID e aunoa ma se totogi. (Samoan)

Za jezičnu pomoć na hrvatskom jeziku pozovite besplatan broj naveden na poledini Vaše identifikacijske kartice. (Serbo-Croatian)

Fii yo on hebú balal e ko yowiti ni haala Pular noddee e dii numero ji lintaadi ka kaydi dantite mon. Njodi woo fawaaki on. (Sudanic-Fulfulde)

Ukihitaji usaidizi katika lugha ya Kiswahili piga simu kwa nambari iliyooredhisha kwenye Kitambulisho chako bila malipo. (Swahili)

(Dilde) diil yardım için sayi hiçbir ücret ödeden kimlik kart listelenen diyoruz. (Turkish)

Щоб отримати допомогу перекладача української мови, звертайтеся за безкоштовним номером, наданим у вашій ID-картці посвідчення особи. (Ukrainian)

(Dil) di li yardım için sayı hiçbir ücret ödeden kimlik kart listedeni diyoruz. (Turkish)

(Dilde) diil yardım için sayi hiçbir ücret ödeden kimlik kart listelenen diyoruz. (Turkish)