



**Fax and U.S. Mail  
Cover Sheet**  
For RX Copay Reimbursement

PO Box 981106  
El Paso, TX 79998-1106  
[www.aetna.com](http://www.aetna.com)

**Attention:** North Brunswick Township BOE  
**Control:** 307281  
**Office Key:** 103  
**ECHS Routing Category:** NWCL

|                            |        |
|----------------------------|--------|
| TO:                        | FROM:  |
| FAX: <u>1-860-975-9065</u> | PAGES: |
| PHONE:                     | DATE:  |
| RE:                        | CC:    |

**Please Note:**

Your current Aetna ID number should be present on all pages. You can find the Aetna ID number on the front of our Aetna card. **Please include all paid receipts. Claims can't be processed without receipts.** Payments will be sent to members within 2-3 weeks after receipt of this fax. **If you have any questions, please contact the Aetna Member Services telephone number on your Aetna ID Card.**

Please complete all applicable fields below.

|                    |                              |
|--------------------|------------------------------|
| Member Name        | Aetna ID Number from ID Card |
| Patient Name(s)    |                              |
| Date(s) of Service |                              |

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, call the number on your ID card.

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 the Civil Rights Coordinator by contacting:

**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),**

**CRCoordinator@aetna.com.**

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](tel:18003681019) (TDD).

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TTY: 711

|                         |                                                                                                                              |
|-------------------------|------------------------------------------------------------------------------------------------------------------------------|
| English                 | To access language services at no cost to you, call the number on your ID card.                                              |
| Spanish                 | Para acceder a los servicios lingüísticos sin costo alguno, llame al número que figura en su tarjeta de identificación.      |
| Chinese Traditional     | 如欲使用免費語言服務，請撥打您健康保險卡上所列的電話號碼                                                                                                 |
| Arabic                  | للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقة اشتراك.                                  |
| French                  | Pour accéder gratuitement aux services linguistiques, veuillez composer le numéro indiqué sur votre carte d'assurance santé. |
| French Creole (Haitian) | Pou ou jwenn sèvis gratis nan lang ou, rele nimewo telefòn ki sou kat idantifikasyon asirans sante ou.                       |
| German                  | Um auf den für Sie kostenlosen Sprachservice auf Deutsch zuzugreifen, rufen Sie die Nummer auf Ihrer ID-Karte an.            |
| Italian                 | Per accedere ai servizi linguistici senza alcun costo per lei, chiami il numero sulla tessera identificativa.                |
| Japanese                | 無料の言語サービスは、ID カードにある番号にお電話ください。                                                                                              |
| Korean                  | 무료 다국어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오.                                                                                |
| Persian Farsi           | برای دسترسی به خدمات زبان به طور رایگان، با شماره قید شده روی کارت شناسایی خود تماس بگیرید.                                  |
| Polish                  | Aby uzyskać dostęp do bezpłatnych usług językowych, należy zadzwonić pod numer podany na karcie identyfikacyjnej.            |
| Portuguese              | Para aceder aos serviços linguísticos gratuitamente, ligue para o número indicado no seu cartão de identificação.            |
| Russian                 | Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону, приведенному на вашей идентификационной карте.  |
| Tagalog                 | Upang ma-access ang mga serbisyo sa wika nang walang bayad, tawagan ang numero sa iyong ID card.                             |
| Vietnamese              | Để sử dụng các dịch vụ ngôn ngữ miễn phí, vui lòng gọi số điện thoại ghi trên thẻ ID của quý vị.                             |