



Cover sheet for Aetna member FAX submission

Please complete this cover sheet and FAX with your documentation to be processed.

Date (MM/DD/YYYY)

Attention to	
Aetna FAX number (include Area Code)	Total number of pages (including cover sheet)

Sender information

Sender name	
Sender telephone number (include area code)*	Sender FAX number (include area code)

Subscriber information

Subscriber Aetna Number	Member ID (if different than the Subscriber ID)
Subscriber last name	Subscriber first name

Brief reason for sending information to Aetna

* "This information is intended only for the use of the individual or entity to which it is addressed, and may contain information which is privileged, confidential, or exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, or the employer 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 strictly prohibited. If you have received this communication in error, please notify the sender at the phone number above"