aetna® Coordination of Benefits

Name of facility/provider
Patient name

1. Do you or another family member have other health coverage that may cover this claim?
If no, please provide the information within section one, sign and date. If yes, please complete all fields, sign and date.

Name of Aetna subscriber		
Date of birth	Aetna member ID	Patient relationship to subscriber
Name of employer group	Effective date of coverage	

1a. Type of other coverage

☐ Other Aetna Health Plan ☐ Other insurance ☐ Student Health ☐ Medicaid

Other health plan name		Effective date of coverage
Other health plan address		
Other health plan phone number	Other health plan member ID number	Is the subscriber: ☐ Active ☐ Retired ☐ On COBRA
Patient relationship to subscriber		Date retired

2. If the patient is your child, please provide the following:

Patient's name	
Patient's date of birth	Patient's ID number (if not the subscriber)
Father's name and date of birth	Mother's name and date of birth

3. If separated or divorced, please provide the following:

Is there a court order establishing which parent is financially responsible for the dependent child(ren)'s medical, dental or other health care expenses?
☐ Yes ☐ No If yes, specify who: _____

Who has custody of the dependent child(ren)?	Who do the child(ren) live with?	How many months of the year?

4. Do you and/or another family member have Medicare?
If yes, provide the following for each family member with Medicare.

Name of Medicare beneficiary		☐ Medicare A ☐ Medicare B ☐ Both
Medicare member ID	Entitlement reason ☐ Age ☐ Disability ☐ End stage renal disease	Effective date
If entitled due to end stage renal disease, please provide:		
The date of first dialysis	☐ Home dialysis ☐ Dialysis in facility/dialysis center	Date of transplant, if applicable

You can return this form to us by fax or mail:

Aetna
PO Box 981106
El Paso, TX 79998-1106
Fax: **1-859-455-8650**

NOTE: Please don't return this form without a valid signature and date.

Print Name of the person completing the form	
Signature	Date