



**Fax, Email and U.S. Mail
Cover Sheet
for Medical and/or RX Copay
Reimbursement**

PO Box 981106
El Paso, TX 79998-1106
www.aetna.com

Attention: NJ HIF Copay Reimbursement Team
ECHS Routing Category: NWCL
Assign To: TMGB0009

TO:	Claims	FROM:	
FAX:	1-860-975-9065	PAGES:	
EMAIL BOX:	NJHIFCopaymentReimbursement@aetna.com		
PHONE:		DATE:	
RE:	Copay Reimbursement	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 request. If you have any questions, please contact the Aetna Member Services telephone number located on your Aetna ID Card.

Reminder:

If you are faxing the information and your fax will exceed 10 pages, please break it into multiple faxes. Ensure the cover sheet is included with each fax.

Please complete all applicable fields below.

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

If you would like to be notified of receipt for this claim, please check () your preferred method of contact below. You will receive confirmation within 48 hours of a receipt.

- Please confirm receipt via e-mail. My e-mail address is _____
- Please confirm receipt via telephone. My telephone number is _____

Please indicate which School Board or Municipality your medical coverage is supplied by.
