



November 22, 2005

Attention:
Provider Name:
Fax Number:

RE: EMPLOYER/GROUP NUMBER:
EMPLOYEE:
SSN / ID #:
CLAIMANT:

VERIFICATION OF BENEFITS

"PAYMENT OF BENEFITS IS SUBJECT TO THE PATIENT'S ELIGIBILITY ON THE DATE OF ADMISSION, MEDICAL NECESSITY OF SERVICES RENDERED AND ANY OTHER CONTRACTUAL PROVISIONS OF THE POLICY."

Diagnosis:
Admission Date: Policy Effective Date:
Room and Board: Covers Semi-private Room (2 beds) / Standard Room
Procedure:

PATIENT NAME is responsible for a payment of \$ **USD**, (the "Deductible") at the time of service. Once this Deductible has been collected by **FACILITY NAME**, AGB will pay % of **PATIENT'S NAME** charges for the medical care provided in this case and the patient should pay the remaining % of the charges directly to the facility, up to an "out of pocket" maximum of \$, **USD**. Once the patient has satisfied this amount, our reimbursement will increase to 100% of covered services for the remainder of the calendar year.

The itemized claim must include:

- | | |
|---|----------------------------------|
| * Complete name and address of the provider | * Diagnosis |
| * Complete description of all services | * Detail charge for each service |
| * How much was charged for each service | * Members Name and Policy Number |

Payment:

- Feel free to collect a credit card from the member for any personal charges or excluded services (which are not going to be covered by Aetna) such as: the difference between the cost of the most common semi-private room and a private room, phone calls, television, companion services and personal items.
- Fax Itemized Bill, Verification of Benefits and Aetna Global Provider Payment Authorization Form to: 1-860-975-0610 or mail to the address above.
- Our payment is calculated with the current exchange rate into US Dollars at the time the services were rendered and through the mechanisms and tools that Aetna decides to apply.
- Please be sure to indicate any payment(s) already made by the member and authorization from the member to forward payment directly to your facility.

Please contact Member Services, at the above listed numbers, for any additional information.

Sincerely,