



Precertification-PREA Nonparticipating Provider Request

Aetna
P.O. Box 14079
Lexington, KY 40512-4079
Fax: 859-455-8650

Rules and Instructions

Complete all fields and mail or fax form (address and fax information is in top right corner of this form).
IF THIS IS AN URGENT REQUEST, call the numbers listed below and follow the prompts for precertification.

HMO: 1-800-624-0756

Traditional: 1-888-632-3862

CARE IS NOT CONSIDERED AUTHORIZED UNTIL AN AUTHORIZATION IS ISSUED FROM THE NATIONAL PROVIDER SERVICE CENTER - PRECERTIFICATION ORGANIZATION.

Primary Care Physician Information

Name	Date Request Submitted
Office Contact Name	Office Telephone Number
Primary Care Physician's Signature	Office PIN/TIN Number

Member Information

Name	Aetna ID Number
Address	Telephone Number

Nonparticipation Provider Information

Name	Telephone Number
Address	Fax Number
Specialty	Have you attempted to find an Aetna network provider? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has member seen this provider in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when was the last visit? _____ / _____ Month Year	

Reason for Nonparticipation Provider Request

Service(s) Needed (for example, consultation, diagnostic testing, specific procedure, inpatient care, etc.)	
Diagnosis Code/ICD9 Code	Procedure/CPT Code
Explain why the services listed above can only be provided by this particular specialist.	
Does the member have out-of-network benefits he/she plans to use? <input type="checkbox"/> Yes <input type="checkbox"/> No	