AETNA BETTER HEALTH®
Provider Dispute Form
New York

Mail or Fax claim reconsiderations/dispute to:

Aetna Better Health of NY - Provider Relations Department
Attention: Provider Dispute
101 Park Ave, 15th Fl
New York, NY 10178

1-855-264-3822 or 1-860-754-9121

PROVIDER INFORMATION (required)

Provider Name:	
Submitter's name:	
Provider Street Address:	
Provider City, State & ZIP	
Provider Phone Number:	

MEMBER INFORMATION (required)

Member Name	
Member ID #	

Claim Dispute - If in relation to claims dispute provide the following information:

Date(s) of Service	
Remittance Advice Date	
Amount Billed	
Amount Paid	
Claims Number(s)	

Providers have 180 days from the date of remittance to dispute a claim

In order to allow Aetna Better Health to conduct a thorough reconsideration of your claim, please use the space below to: document your dispute, supply any other necessary information, or list any additional attachments

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Signature of Sender Date