Aetna Better Health® of Kansas
9401 Indian Creek Parkway, Suite 1300
Overland Park, KS 66210

Aetna Better Health® of Kansas
Provider Reconsideration & Appeal Form

Please use this Provider Reconsideration and Appeal Form to request a review of a decision made by Aetna Better Health of Kansas. The process for reconsideration and appeal is the same for participating and non-participating providers. Please see the Provider Manual or website: www.aetnabetterhealth.com/kansas/providers for details and requirements of the reconsideration and appeal processes.

If original claim submitted requires correction, such as a valid procedure code, location code or modifier, please do not use this form. You should resubmit a corrected claim to Aetna Better Health of Kansas, P.O. Box 982961, El Paso, TX 79998-2961.

For Reconsiderations or Appeals

Provider Name	**Provider Tax ID#**
Claim Number	**Date(s) 0f Service**
Member Name	**Member ID**
Request Review Type (must select one): ☐ Reconsideration ☐ Provider Appeal	
Reason for Dispute with supporting comments/explanation:	

Requestor Name:	
Requestors Phone Number:	**Requestors Fax Number:**

Please submit Reconsideration/Appeal to:

Aetna Better Health of Kansas
Attention: Appeal and Grievance Department
PO Box 81040
5801 Postal Road
Cleveland, OH 44181

If you have general questions about this communication, please contact our Provider Experience Department:
By Phone: **1-855-221-5656**
By Email: **Providerexperience_KS@aetna.com**