



**Submit to:**

Aetna Better Health of Michigan

UM Fax: 1-844-241-2495

**Foster Care Same Day Appointment Attestation Form**

Please print clearly – incomplete or illegible forms will delay processing. ALL SECTIONS MUST BE COMPLETED.

The purpose of this form is for providers to document completion of a same day appointment coordinated by an Aetna Better Health of Michigan Case Manager for a Foster Care enrolled youth. Provider is eligible to receive an incentive for accommodation of the same day visit requested by the Aetna Case Manager, at which the minimum services indicated below are rendered. The incentive payment is contingent upon Aetna Better Health of Michigan's receipt of this attestation form, completed in its entirety, and a claim billed with CPT code 99058.

Date of Same Day Appt. \_\_\_\_\_

**Member Information:**

Name \_\_\_\_\_

DOB \_\_\_\_\_

Member ID# \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

**Provider Information:**

Name \_\_\_\_\_

Provider/Agency Tax ID# \_\_\_\_\_

Provider/Agency NPI Sub Provider# \_\_\_\_\_

Fax Number \_\_\_\_\_

Phone Number \_\_\_\_\_

**Current ICD Diagnosis:**

Primary \_\_\_\_\_

Secondary \_\_\_\_\_

Tertiary \_\_\_\_\_

Additional \_\_\_\_\_

Additional \_\_\_\_\_

**Services Rendered (at minimum):**

EPSDT Standard Medical Exam

Mental Health Screening

By signing, I attest that I accommodated a same day appointment request for a member newly enrolled in Foster Care.

\_\_\_\_\_  
Clinician Signature

\_\_\_\_\_  
Date