



Date (MM/DD/YYYY)

Attention to	
Aetna FAX number <i>(include Area Code)</i>	Total number of pages <i>(including cover sheet)</i>

Sender name	
Sender telephone number <i>(include area code)*</i>	Sender FAX number <i>(include area code)</i>

Subscriber Aetna Number	Member ID <i>(if different than the Subscriber ID)</i>
Subscriber last name	Subscriber first name

[illegible]

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