

How to claim deductible credit from Aetna



deel.

When and how to complete the [form](#)

If you are moving either from an Aetna Domestic to an Aetna International plan, or any other domestic different health insurance carrier to an Aetna Domestic plan, you will need to complete [this form](#) in order to carryover your deductible credits. *Aetna asks to allow 7-10 business days for processing. Members will see when the credit is applied in their Aetna Member Website.*

Users are advised to complete this form only once. If you have recent claims, please allow sufficient time for them to settle before submitting. Aetna’s guidance is to submit this form within 90 days after the effective date of your new coverage.

Submitting this form will ensure you receive credit for any amount applied towards the deductible and out of pocket maximum(s) for you and/or your dependents under your prior health insurance carrier’s plan. This credit will be applied for any claims incurred during the calendar year you join Aetna.

Step 1

Access & download the [form](#)

Complete the “Employee Information” section, this is the individual who is the subscriber to this Aetna plan. You will need to submit your full name, date of birth, full address, Social Security number, group name (the group name you should use is “Deel”), and your new Aetna member ID card W number.

Employee Information	
Full Name	
Date of Birth	Social Security Number
Address (Street, City, State, ZIP)	
Group Name	Aetna Member ID Card W Number

Step 2

Deductible credit details

Please list every individual for whom you are requesting deductible credit. You’ll need to list every individual’s full name, relationship to the subscriber, date of birth and amount requested in \$USD.

Deductible credit is requested for:

Name	Relationship	Date of Birth	Amount Requested

How to complete and submit the [form](#)

Step 3

Signature and date

The subscriber should sign and date this form, thereby certifying that the information submitted is accurate and complete to the best of their knowledge.

If you have any questions, please contact the member services number on your ID card.

I certify that the above information is accurate and complete to the best of my knowledge.

Signature	Date
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Step 4

Explanation of Benefits (EOB) statement

Obtain and attach the Explanation of Benefits (EOB) statement from your previous health insurance carrier for both you and any of your dependents that states the amount of deductible credit satisfied. If your previous health insurance carrier was Aetna, you can simply provide you W ID # from your previous Aetna plan.

Step 5

Submit to Aetna

You can submit your deductible credit request by 1 of 3 ways; mail, fax or upload to the Aetna Member Website:

1. Mail

Mail your completed form and Explanation of Benefits (EOB) statement to the attention of **"AETNA - DEDUCTIBLE CREDIT UNIT"** to the claim address relevant to your new Aetna plan.

Aetna Domestic Claim Address

PO Box 14079
Lexington, KY 40512-4079

Aetna International Claim Address

P.O. BOX 981543
EL PASO, TX 79998-1543

This mailing process is the same regardless of whether you are moving onto an Aetna Domestic or International plan.

2. Fax

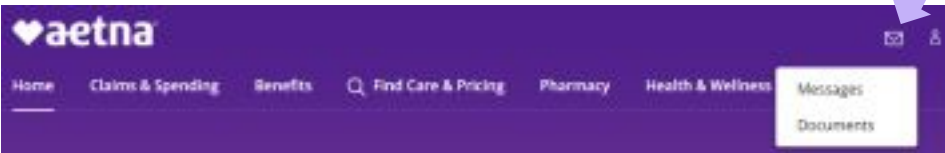
If you prefer to fax your submission, please fax it to the attention of **"AETNA - DEDUCTIBLE CREDIT UNIT"** using this fax number: **859-455-8650**.

How to complete and submit the [form](#)

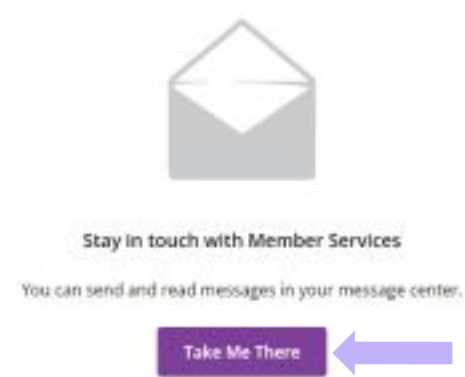
Step 5

3. Aetna Member Website Upload

1. On the Aetna Member Website Home screen, click on the envelope top right of screen and select "Messages" .



2. On the next screen, click "Take Me There"



3. On the next screen, click "New Message"



4. Select "Send Message", and complete the required information fields marked by an asterisk



Make sure to upload your completed form, (and EOB if your previous healthcare provider was not Aetna)

Send a secure message to our Member Services

*Required information

*Topic

Other

*Please select a topic.

☐ Health assessment, Wellness tools, Incentives, Health Actions

☐ Provider Directory DocFind® ☐ Site Feedback ☐ Technical Help

☒ Other

Upload attachment(s) Select Add up to 5 files, total of 5 MB

We will reply to the email address below.
If you are submitting a complaint or appeal, we will respond via US Mail.
If this email address is incorrect or you no longer use it, please update it below.

*Email address:

*Reenter Email address to confirm:

Email address entered will be saved to your Profile.

*Your message (up to 9,599 characters)

[Total characters typed: 0 (Total characters remaining: 9,599)]

Send Cancel

