



Non-print direct member reimbursement (DMR) instructions

Can't print this form? Just mail us a request for reimbursement by following the instructions below.

1. On a separate piece of paper, provide:
 - Your first and last name
 - Your member ID
 - Your date of birth
 - Your address and phone number
 - A brief description of why you received treatment (e.g., dental cleaning or broken elbow)
 - A copy of the itemized bill from the provider including:
 - The date of service
 - The name of your provider
 - The address of your provider
 - A copy of the receipt from your provider
 - A brief description of the service(s) or item(s) that you are requesting reimbursement for (e.g., eyewear for post-cataract surgery or tooth crown)
 - Diagnosis codes if available
 - Proof of payment
2. Make sure you include your member ID on anything you send us, like the receipt from the provider.
3. Mail these items to the claims address listed on your member ID card.

Aetna Medicare is a PDP, HMO, PPO plan with a Medicare contract. Our SNPs also have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal. See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.

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