♥aetna™

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Aetna Member Website Contact Us

Welcome to Aetna Student Health

Helpful Links



Select your college or university Select your college or university

View your school

You may also find a similar link at the bottom of the <u>www.aetnastudenthealth.com</u> webpage or on the school-specific webpage.

Aetna Secure Member Website >

Use this convenient tool to easily find Aeth participating network providers. The link will take you to the **Registration or Login** webpage.

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Your Member Website

Home SchoolName → Members → Your Member Website

You've got healthy handled

When you're an Aetna member, you get tools and resources to help you manage your health and your benefits. Plan information and cost-saving tools are in one place on your Aetna member website.

Register or login

Important tip: Just click the member ID button and enter your member ID or student ID. No SSN is needed. For ZIP code, simply use the one on file with our school



Once registered, Aetna Website (a	you'll be dropped or also know as Your Me	the Your ember		
Website). Select	Mes	sages ID Card Prof	le Contact Us	Log Out
		♥aetn	a ™	& Welcome SUBSCRIBER
Home	Find Care Manage C	laims See Coverage & Co	osts Stay Healthy M	Aanage Prescriptions
	Stay up to c	Coronavirus: We're here late on the latest information of	to help on our coronavirus page.	
		iven	ell	
V.			4-6	
Find Care >	Manage Claims >	See Coverage & Cos	ts > Stay Healthy >	Manage Prescriptions >
On-Call Doctor	Claims	Benefits	Health Programs	Specialty Rx
Doctor & Hospital	Explanation of Benefits	Estimate Costs	Discounts	Pharmacy Coverage
Other Care Providers Pharmacy		ID Card		Estimate Drug Cost
My Providers & Visits				
Call or Write	Send Message	Live Chat	From the Contact w You may use this o Customer Service of	vebpage, select Send Message ption to communicate with or to securely submit a claim.
 For customer service, ease refer to the Member ID Ty for hearing- and speech-imp AETNA STUDENT HEALTH P.O. BOX 981106 EL PASO, TX 79998-1106 	aired people only: 711	 Pharmacy 1-888-792-3862 TTY for hearing- and speech Aetna Pharmacy Man Attn: Claim Processin, PO Box 52444, Phoenix, AZ 85072 - 2 	impaired people only: 711 agement 3 444	
4-Hour Nurse Line 1-800-556-1555	aired people only: 711	Specialty Pharmacy 1-800-237-2767	Call or Write	Send Message
There is a for conta	a drop down menu of cting Customer Servi	proposed reasons ce.	Send a secure mes *Required information *Topic Select Select A claim A complaint or appeal	sage to our Member Service
			A health condition	peal, we will respor
			My coverage and benefi	no longer use it, pl
			Ordering specialty refill	
			Other	

Call or Write	Send Message	Live Chat			
Send a secure message to	o our Member Services	Answers to commo	on questions		
*Required information		+ How do	+ How do I submit a claim?		
* Topic A claim	~	+ How los	ng do I have to submit a claim?		
*Please select the type of claim Medical O Pharmacy	and enter the claim information:	+ Why do already	bes my claim still show an amount I may owe? I v paid this bill.		
*Patient:	~	+ Where	do I find the status of a claim?		
Provider:	This is not required	+ I can't f	ind my claim on the list.		
Date of Service:		+ What is	the typical time frame to process a claim?		
MM/DD/YYYY	This is not required	+ Why ca	n't I see all my family members on my account?		
	Add up to 5 files, total of 5	To electronic	ally submit claims to Aetna		
We will reply to the email addres If you are submitting a complain If this email address is incorrect below.	ss below. It or appeal, we will respond via L or you no longer use it, please up	1. <u>Start by con</u> Mail. Medical C https://w Claim.pdf	 Start by completing a Medical Claim Form Medical Claim Form Instructions: (link to claim form: https://www.aetnastudenthealth.com/schools/aetna Claim.pdf) Section 1 to 27 people to be completed 		
*Your message (up to 9,599 cha	racters)	#28 only i the provic reimburse	 #28 only needs to be completed if the student wants the provider to be paid directly instead of being reimbursed 		
		Section 29 not have a	9- 45 must be completed if the student does an itemized receipt		
[Total characters typed: 0 Total characters remaining: 9,599] Send Cancel		Include ite 2. <u>Submit the e</u> of the messe information.	emized documents along with the claim form <u>claim</u> : Once you select A Claim as the topic age, you will be asked to enter some basic		
		The only rec • What typ • Patient (• Confirm sends re • A quick r sending	quired details are: be of claim (medical or pharmacy); yourself or a dependent); your email address (this is where Aetna sponds to you); message (something as simple as "I am claims that need to be processed.")		
		Select Uple files for a to	Dad attachment(s) . You may send up to 5 Dtal of 5 MB.		
		Hit Send			