Aetna Better Health® of Florida
261 N. University Drive
Plantation, FL 33324

AETNA BETTER HEALTH® OF FLORIDA

Referral Form

Referrals to participating providers do not require prior authorization by the plan. Please refer to the provider manual for prior authorization guidelines. This Referral may only be used for **Aetna Better Health of Florida** members. Referral is valid ONLY if signed by the Primary Care Physician. Payment for services is subject to member eligibility at the time services are rendered. Issuance of this referral does not guarantee payment. Submit report of any consultation/treatment to the referring Primary Care Physician.

Provider Information:	**Patient Information:**
Name	Name
Address	Member ID #
City, Zip Code	DOB
Phone #	Date of Request
Fax #	**Expires in 60 days**
Contact Person	**OR date expires _____**
☐ **Complete this section for Specialist Referral**	☐ **Complete this section for Diagnostic Tests/Freestanding Facility/ASC**
Physician Name	Facility Name
Physician Tax ID #	Facility Tax ID #
Specialty	Diagnostic Test(s)
ICD – 10 Code(s)	ICD – 10 Code(s)
Referring Diagnosis	Referring Diagnosis
Address	Address
City, Zip Code	City, Zip Code
Phone #	Phone #
Select type of service requested. Specify number of visits.	
☐ Consultation Only (1 visit)	☐ Consultations with _____ follow up visits
Clinical information	
Primary Care Physician Signature _____	

Service provider instructions

- Submit claim to the following address for processing:
  Aetna Better Health of Florida
  P.O. Box 63578
  Phoenix, AZ 85082-1925
- Specialty network physicians should follow network guidelines.
- Verify member eligibility and benefits prior to rendering service.