



Submit to:
 Aetna Better Health of Illinois UM
 Phone 1-866-329-4701/Fax 1-844-528-3453

Aetna Better Health[®] of Illinois

INTENSIVE IN-HOME SERVICES NOTIFICATION FORM

Please print clearly – incomplete or illegible forms will delay processing. ALL SECTIONS MUST BE COMPLETED.

Date _____

Requested Start Date _____

PROVIDER INFORMATION

Provider Name (print) _____

Provider/Agency Tax ID # _____

Provider/Agency NPI Sub Provider # _____

Phone _____ Fax _____

MEMBER INFORMATION

Name _____

DOB _____

Member ID # _____

CURRENT ICD DIAGNOSIS

Primary _____

Secondary _____

Tertiary _____

Additional _____

Additional _____

Has contact occurred with family? Yes No

IF THERE IS ANY MISSING INFORMATION, THE FORM MAY BE REJECTED AND SENT BACK.

 Clinician Signature Date

 Clinician Signature Date

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PLEASE ATTACH: IM + CANS
 and Approval Notification