Please return to:

Aetna

Email:
GovernmentServicesP&LNE@aetna.com

Deductible Carryover Request

Employee Information:

Name:	Deductible Satisfied	OON OOP:	INN OOP:
Aetna ID:			

Dependent Information:

Name:	Deductible Satisfied	OON OOP:	INN OOP
Relationship:			
Name:	Deductible Satisfied	OON OOP:	INN OOP
Relationship:			
Name:	Deductible Satisfied	OON OOP:	INN OOP
Relationship:			
Name:	Deductible Satisfied	OON OOP:	INN OOP
Relationship:			
Name:	Deductible Satisfied	OON OOP:	INN OOP
Relationship:			

***All deductible carry over requests must include an Explanation of Benefit indicating the deductible and out of pocket satisfied.**

***Please allow up to 30 days from receipt for processing.**

Please note, this email address can only be used for Carryover submissions and NOT to be used for claims submissions or inquiries