FUJI CARRIER NAME: AETNA BETTER HEALTH

CARRIER CODE: AE013

NOT ACCEPTED AT AMI ATLANTICARE LOCATIONS

***EXCEPTIONS:**

- ***Can be accepted if studies are ordered by AMI vascular department doctors***

Note: Please e-mail billquestion@aminj.com if you have any questions or concerns.

CHECK ELIGIBILITY ON APPS.AVAILITY.COM

Front of card:

❶ Member ID
❷ PCP name and phone number
❸ Copay amounts, if applicable
❹ The date coverage starts

Back of card:

Member Services / Servicios al Meimbro (24/7): 1-855-232-3596
Hearing Impaired / Para Personas con Dificultades de Audición Línea: 711
Urgent Care: Call your primary care provider (PCP)
Atención de Urgencia: Llame a su proveedor de cuidado primario (PCP)

Emergency Care: If you are having an emergency, **call 911** or go to the closest hospital. You don't need preapproval for emergency transportation or emergency care in the hospital.

Atención de Emergencia: Si tiene una emergencia, **llame al 911** o vaya al hospital más cercano. No necesita aprobación previa para el transporte de emergencia o la atención de emergencia en el hospital.

Prior authorization is required for all inpatient admissions and selected outpatient services. To notify of an admission, please call **1-855-232-3596**.

Se requiere **autorización previa** para todas las admisiones de internación y para ciertos servicios ambulatorios. Para notificar una admisión, llame al **1-855-232-3596**.

Send Medical Claims:
Aetna Better Health of New Jersey
PO Box 61925
Phoenix, AZ 85082-1925

To verify member eligibility:
1-855-232-3596
Electronic Claims:
Payer ID 46320

aetna™

Aetna Assure Premier Plus
(HMO D-SNP)

Member Name: <Cardholder Name>
Member ID: <Cardholder ID#>
Issue Date: <Issue Date>

Issuer: 80840
RxBIN: 61052
RxPCN: MEDDAET
RxGrp: RXAETD

PCP Name: <PCP Name>
PCP Phone: <PCP Phone>

PCP:	$0 Copay
Specialist:	$0 Copay
Emergency Room:	$0 Copay
Urgent Care:	$0 Copay
Dental:	$0 Copay

MedicareRx
Prescription Drug Coverage

H6399-001

Important Information: In case of an emergency, call 911 or go to the nearest emergency room (ER). Prior authorization is not required for emergency services.

For Members

Member Services:	**1-844-362-0934 (TTY: 711)**
Behavioral Health Crisis:	**1-844-362-0934 (TTY: 711)**
Care Management:	**1-844-362-0934 (TTY: 711)**
24-Hour Nurse Advice:	**1-844-362-0934 (TTY: 711)**
Dental Services:	**1-844-362-0934 (TTY: 711)**
Website:	AetnaBetterHealth.com/New-Jersey-hmosnp

For Providers

Medical	**Pharmacy**
Eligibility Verification: **1-844-362-0934 (TTY: 711)**	Pharmacy Help Desk: **1-800-238-6279 (TTY: 711)**
Prior Authorization: **1-844-362-0934 (TTY: 711)**	Claim Inquiry: **1-844-362-0934 (TTY: 711)**

Submit claims to:
Aetna Assure Premier Plus (HMO D-SNP)
P.O. Box 61925
Phoenix, AZ 85082-1925

Aetna Assure Premier Plus (HMO D-SNP)

aetna

Member Name:
Member ID:
Effective Date:
Issued Date:

PCP:	$0 Copay
Specialist:	$0 Copay
Emergency Room:	$0 Copay
Urgent Care:	$0 Copay
Dental:	$0 Copay

Issuer: 80840
Rx Bin: 610502
PCN: MEDDAET
Rx Grp: RXAETD

PCP Name:
PCP Phone:

MedicareRx
Prescription Drug Coverage

Dental Provider:LIBERTY Dental

H6399-001

Important Information: In case of an emergency, call 911 or go to the nearest emergency room (ER). Prior authorization is not required for emergency services.

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H6399-001