

AETNA BETTER HEALTH® OF KENTUCKY

Fax Blast

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To:	Network Providers	Fax:	<<location_fax>>
From:	Provider Relations	Date:	August 12, 2016
Re:		Pages:	2 pages with cover

Notes:

We appreciate your participation in the Aetna Better Health of Kentucky provider network. Please review the attached information.

Thank you for being part of the Aetna Better Health of Kentucky network.

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Aetna Better Health® of Kentucky
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Louisville, KY 40223

To: Network Providers
From: Provider Relations
Date: August 12, 2016
RE: Void Requests & Claims Inquiries

1. Void Requests & Claim Inquiries:

When making an inquiry to perform a void or discuss a specific claim, please be sure to include the Aetna Better Health of Kentucky (ABH of KY) claim identification number. If you supply the ABH of KY claim ID it will help to expedite the research and processing of void requests.