

## **APPOINTMENT ASSISTANCE REQUEST FORM**

First Name:	
Last Name:	
Member ID #:	
Best phone number to reach you:	
Your email address:	
What type of provider or specialist do you need? If you want an appointment with a specific provider, please give their first and last name.	
Please provide your location (the address where you are currently living):	
Do you need help arranging transportation for health care visits?	Yes No No
Have you already contacted us to ask for help making an appointment?	Yes ☐ No☐
If yes, please give the date you contacted <member customer="" service="" services="">.</member>	Date: DD/MM/YY
You can make a formal complaint. This is also called "filing a grievance." If you want to file a grievance, check the box to the right.	☐ I want to file a grievance.

Aetna Assure Premier Plus (HMO D-SNP) is a Fully Integrated Dual Eligible Special Needs Plan with a Medicare contract and a contract with the New Jersey Medicaid program. Enrollment in Aetna Assure Premier Plus depends on contract renewal.

See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations, and conditions of coverage.

If you speak a language other than English, free language assistance services are available. Visit our website at **AetnaMedicare.com/NJDSNP** or call **1-844-362-0934 (TTY: 711)**, 8 AM to 8 PM, 7 days a week.

ESPAÑOL (SPANISH): Si habla un idioma que no sea el inglés, los servicios gratuitos de asistencia en idiomas están disponibles. Visite nuestro sitio web en **AetnaMedicare.com/NJDSNP**o llame al **1-844-362-0934 (TTY: 711)**, de 8 AM a 8 PM, los 7 días de la semana.

(CHINESE): 傳統漢語(中文)如果您講英語以外的語言,則提供免費語言援助服務。 請造訪我們的網站AetnaMedicare.com/NJDSNP或致電, 1-844-362-0934 (TTY:711),上午8 時至下午8時,每週7天

You can get this document for free in other formats, such as large print, braille, or audio. Call Member Services at **1-844-362-0934 (TTY: 711)**, 8 AM to 8 PM, 7 days a week. The call is free.