



# Request for Exclusion from Paper Shut-off

This form is intended for use by providers who have received a letter from Aetna regarding shut-off of their paper explanation of benefits (EOB) and wish to continue receiving paper EOBs.  
This form is effective from 3/1/10 to 12/31/10.

Please complete one *Request for Paper Shut-off Exclusion Form* per TIN. (All forms are subject to validation before restoring paper EOBs.)

\* Indicates required fields within each section. Incomplete and/or illegible fields and signatures may delay the processing of your request.

* TIN Name	* Tax ID Number (TIN)	* Pay to/Billing National Provider Identifier (NPI)
* Contact Name	* Email Address	
* Telephone Number (      )	Fax Number (      )	
* Primary Service Address		

## Information Regarding Request for Exclusion

\* Have you received a letter from Aetna stating that your paper explanation of benefits will be discontinued?  
 Yes  No

\* What is your reason for not turning off paper EOBs?

- Concerns with account reconciliation       Difficulty navigating secure website via NaviNet®  
 Other (please explain) \_\_\_\_\_

**Please Note:** If you are currently receiving ERAs you are not eligible to receive paper EOBs.

\* Would you reconsider receiving EOBs electronically in the future?

- Yes, in the next 30 days     Yes, in 30 to 60 days     Yes, in 60 to 90 days     Yes, in 90 days

**By signing below, I understand that I am instructing Aetna to send paper copies of explanation of benefits for this practice.**

\* Authorized health care professional name: \_\_\_\_\_ \* Title \_\_\_\_\_

\* Signature \_\_\_\_\_ \* Date \_\_\_\_\_

**Authorized health care professional may be MD, CFO, CEO, etc.**

\* Supervisor-level authorized health care professional name: \_\_\_\_\_ \* Title \_\_\_\_\_

\* Signature \_\_\_\_\_ \* Date \_\_\_\_\_

**Supervisor-level authorized health care professional may be Office Manager, Billing Manager, etc.**

\* Form completed by \_\_\_\_\_

\* Telephone Number (      ) \_\_\_\_\_ Fax Number (      ) \_\_\_\_\_

\* Email Address: \_\_\_\_\_

**Two signatures are required for authorization.**

**Please FAX completed form to Aetna's Request for Paper Shut-off Exclusion fax number at 860-907-4761.**