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Aetna better health reconsideration form new jersey

The screenshot shows the Aetna Provider Portal homepage. The top navigation bar includes links for "Log In", "Forgot Password", "Help", "Contact Us", and "Provider Support". Below the navigation is a search bar with placeholder text "Search". The main menu is divided into several sections: "My Profile" (with sub-links like "Personal Information", "Business Information", "Medical", "Address", "Contact Info", "Business Address", "Billing", "Locations & Assets", "Referrals/Authorizations", "Claims Management", "Health Management", and "Training"), "Provider Directory" (with sub-links like "Find a Doctor", "Find a Hospital", "Find a Clinic", "Find a Dentist", "Find a Physician", "Find a Specialist", "Find a Health Plan", "Find a Pharmacy", "Find a Medical Equipment Supplier", and "Find a Medical Supply Store"), "My Benefits" (with sub-links like "Check Your Benefits", "Compare Health Plans", "Find a Health Plan", "Find a Doctor", "Find a Hospital", "Find a Clinic", "Find a Dentist", "Find a Physician", "Find a Specialist", "Find a Health Plan", "Find a Pharmacy", "Find a Medical Equipment Supplier", and "Find a Medical Supply Store"), and "Billing Tools" (with sub-links like "Claim Status", "Bill Submission", "Bill Payment", "Bill Adjustment", "Bill Inquiry", "Bill Appeal", and "Bill Dispute"). The right sidebar features a "Provider portal" section with links for "Report Health Status" and "Member Card Information".

<p>Aetna Better Health® of New Jersey 3 Independence Way, Suite 400 Princeton, NJ 08540-6626 1-855-232-2056</p> <p>AETNA BETTER HEALTH® OF NEW JERSEY Medical day care/personal care assistant service authorization request form</p> <p>Fax completed form to 1-844-797-7601 <input type="checkbox"/> Adult request <input checked="" type="checkbox"/> Pediatric request</p> <p>Please check type of request: <input type="checkbox"/> Initial request <input type="checkbox"/> Re-authorization request <input type="checkbox"/> Facility/Provider transfer <input type="checkbox"/> Change in Managed Care Organization</p> <p>Date submitted to Aetna Better Health of New Jersey: _____</p> <p>Please provide the following member demographic information:</p> <p>Member name: _____ Aetna Better Health of New Jersey Member ID #: _____ DOB: _____</p> <p>Member address (Street/City): _____</p> <p>Member phone number: _____ Alternative phone number: _____</p> <p>Translation needed: Yes / No If yes - language: _____</p> <p>Member Email address: _____</p> <p>Please provide the following information:</p> <p>Current authorization expires on: _____</p> <p>Requesting # days per week: _____ Requested number of hours/units per week: _____</p> <p>Has member had a lapse in service for 30 consecutive days during the prior authorization period? Yes / No</p> <p>Primary Dx: _____ ICD-9: _____ Other Chronic Dx: _____</p>	
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