

Applies to:

Aetna plans

Innovation Health® plans

**Health benefits and health insurance plans offered and/or underwritten
by the following:**

Allina Health and Aetna Health Insurance Company (Allina Health | Aetna)

**Banner Health and Aetna Health Insurance Company and/or Banner Health and
Aetna Health Plan Inc. (Banner | Aetna)**

Sutter Health and Aetna Administrative Services LLC (Sutter Health | Aetna)

**Texas Health + Aetna Health Plan Inc. and Texas Health + Aetna Health Insurance
Company (Texas Health Aetna)**



About this form

This form will help us determine the infertility benefits and services you're eligible for under your plan.

How to complete this form

Fill out the entire form. Make sure to print clearly and sign it at the bottom.

When you're done

You can fax your completed form to us at **1-860-607-7476**. Or you can give it to your infertility provider to fax to us.

Questions?

If you have general questions about your plan coverage or benefits, call the number on the back of your Aetna member ID card. You can speak to someone 8 a.m. to 8 p.m., 7 days a week.

If you need help with Questions 1 – 12 on the form, give us a call at **1-800-575-5999 (TTY: 711)**. We're here 8 a.m. to 5 p.m. ET, Monday through Friday.

What happens next?

We'll look over your form once we receive it. Then we'll contact your infertility provider. We'll let them know if you meet the initial criteria to start using your infertility treatment benefits.

We respect your privacy

We take the confidentiality of your personal health information very seriously. Your information is kept completely confidential in compliance with the Health Insurance Portability and Accountability Act's (HIPAA's) privacy regulations. We share your information only as permitted or required by law.

Also in compliance with federal law, we won't ask you for any genetic information or your family medical history. You don't have to provide any genetic information or family medical history to participate in our Infertility Program unless you're requesting Preimplantation Genetic Diagnosis (PGD), which is the genetic testing of embryos created in IVF. If you give us your genetic information or family medical history, you do so voluntarily.

Infertility Program Patient Registration Form

Fill out your patient information.

Last name	First name	Middle initial
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Birth date / /	Home phone number ()
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Work phone number ()	Cell phone number ()
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At what phone number can we reach you between 8 a.m. and 5 p.m.?
 Home Work Cell Other:

Can we leave a detailed message if we get your voicemail?
 Yes No

Do you consent to receiving text messages for any infertility precertification requests?
 Yes No

What is your primary language?	Do you require hearing assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Mailing address

City	State	ZIP code
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E-mail address

Fill out your insurance information.

Aetna member ID number	Group number
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Name of insured

Do you have other insurance coverage?
 Yes No
 If "Yes," provide the information below.

Name of insurance company	Member ID number
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Name of insured

Write in your infertility provider's information.

Provider name	Phone number ()
Street address	City, State, ZIP code

Answer these questions as completely as possible.

Question 1: Are you trying to get pregnant right now?

Yes **No** If “No,” go to **Question 7**.

Question 2: How have you been trying to get pregnant?

- Sexual intercourse
- Artificial insemination with sperm from a **known** donor (for example, a spouse or partner)
- Artificial insemination with sperm from an **unknown** donor (for example, a sperm bank)

Question 3: If you have a male partner, what is his full name? (This is required for registration.)

Question 4: How long have you been trying to get pregnant?

Years: Months:

Question 5: Do you get regular periods?

Yes **No**

If “No,” how often do you get your period?

Question 6: After testing, did your doctor give you a reason why you're having trouble getting pregnant?

Yes **No**

If “Yes,” what was the reason?

Question 7: Have you ever had your fallopian tubes tied, cut, clipped, burned or blocked to prevent pregnancy?

Yes **No**

Question 8: Has your spouse or partner had a vasectomy to prevent pregnancy?

Yes **No** If “Yes,” year he had the vasectomy:

Question 9: Has your spouse or partner had a vasectomy reversed?

Yes **No** If “Yes,” year he had the vasectomy reversed:

Question 10: Have you ever had an infertility treatment, using medications or procedures, that didn't result in pregnancy?

Yes **No**

If “Yes,” describe the treatment you had:

Question 11: What infertility treatment has your doctor recommended?

- | | | |
|---|---|---|
| <input type="checkbox"/> Intrauterine insemination (IUI) | <input type="checkbox"/> Donor egg IVF | <input type="checkbox"/> Fertility preservation IVF cycle |
| <input type="checkbox"/> Donor insemination cycle (IUI) | <input type="checkbox"/> Frozen embryo transfer | <input type="checkbox"/> Invitro fertilization (IVF) |
| <input type="checkbox"/> Pre-implantation genetic diagnosis (PGD) | | |

Tell us about your pregnancy history.

Month and year of pregnancy	Infertility therapy needed to conceive?	Type of infertility treatment (Oral drugs; injectable drugs; IUI; fresh IVF cycle; donor egg or embryo cycle; or frozen embryo transfer cycle)	Outcome (Miscarriage; ectopic; live birth; or still birth)	Gestational age at end of pregnancy (for example, full term or 36 weeks)
/	<input type="checkbox"/> Yes <input type="checkbox"/> No			
/	<input type="checkbox"/> Yes <input type="checkbox"/> No			
/	<input type="checkbox"/> Yes <input type="checkbox"/> No			
/	<input type="checkbox"/> Yes <input type="checkbox"/> No			
/	<input type="checkbox"/> Yes <input type="checkbox"/> No			
/	<input type="checkbox"/> Yes <input type="checkbox"/> No			
/	<input type="checkbox"/> Yes <input type="checkbox"/> No			
/	<input type="checkbox"/> Yes <input type="checkbox"/> No			
/	<input type="checkbox"/> Yes <input type="checkbox"/> No			
/	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Sign the form.

Your signature

Today's date

/ /

Aetna complies with applicable Federal civil rights laws and does not unlawfully discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,

P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),

1-800-648-7817, TTY: 711,

Fax: 859-425-3379 (CA HMO customers: 860-262-7705), CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, Coventry Health Care plans and their affiliates (Aetna).

Igbo	Inweta enyemaka asụsụ na akwughi ụgwọ obula, kpọọ nọmba nọ na kaadi njirimara gi
Ilocano	Tapno maakses dagiti serbisio ti pagsasao nga awanan ti bayadna, awagan ti numero nga adda ayan ti ID kardmo.
Indonesian	Untuk mengakses layanan bahasa tanpa dikenakan biaya, silakan hubungi nomor telepon di kartu asuransi Anda.
Italian	Per accedere ai servizi linguistici senza alcun costo per lei, chiami il numero sulla tessera identificativa.
Japanese	無料の言語サービスは、IDカードにある番号にお電話ください。
Karen	လၢတၢ်ကမၤကျိၣ်တၢ်မၤစၢၤအတၢ်ဖဲတၢ်မၤတဖၣ် လၢတၢ်အိၣ်ဒီးအပူၤလၢတၢ်ကတၢၢ်ဟ့ၣ်အိၣ်အံၤကိးဘၣ်လိၣ်တဲၤစိနီၣ်ကံၤလၢတၢ်အိၣ်လၢတၢ်နီၣ်ကံၤ ၁ (၅) အလံၤတၢ်ကတၢၢ်
Korean	무료 다국어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오.
Kru-Bassa	I nyuu kosna mahola ni language services ngui nsaa wogui wo, sebel i nsinga i ye ntilga i kat yong matibla
Kurdish	بۆ دەستپێرانی گەشتن بە خزمەتگۆزاری زمان بەبێ تێچوون بۆ تۆ، پەیوەندی بکە بە ژمارەی سەر ئای دی (ID) کارتێ خۆت.
Lao	ເພື່ອເຂົ້າເຖິງບໍລິການພາສາທີ່ບໍ່ເສຍຄ່າ, ໃຫ້ໂທຫາເບີໂທລະສັບໃນບັດປະຈຳຕົວຂອງທ່ານ.
Marathi	आपल्याला कोणत्याही शुल्काशिवाय भाषा सेवांपर्यंत पोहोचण्यासाठी, आपल्या ID कार्डावरील क्रमांकावर फोन करा.
Marshallese	Nan bōk jipañ kōn kajin ilo an ejjelōk wōñean ñan kwe, kwōn kallok nōm̄ba eo ilo kaat in ID eo aṃ.
Micronesian-Ponapean	Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih nempe nan amhw doaropwe en ID.
Mon-Khmer, Cambodian	ដើម្បីទទួលបានសេវាកម្មភាសាដែលគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរសព្ទទៅកាន់លេខដែលមាននៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។
Navajo	T'áá ni nizaad k'ehjí bee níká a'doowoł doo bááh ílinígóó naaltsoos bee atah níjigo nanitinígíí bee néého'dólzinígíí béésh bee hane'í biká'ígíí áají' hólne'.
Nepali	भाषासम्बन्धी सेवाहरूमाथि निःशुल्क पहुँच राख्न आफ्नो कार्डमा रहेको नम्बरमा कल गर्नुहोस्।
Nilotic-Dinka	Tē koor yīn ran de wēēr de thokic ke cīn wēu kor keek tēnṅ yīn. Ke yīn cōl ran ye kōc kuony nē namba de abac tō nē ID kard duōn de tīt de nyin de panakim kōu.
Norwegian	For tilgang til kostnadsfri språktjenester, ring nummeret på ID-kortet ditt.
Pennsylvanian-Dutch	Um Schprooch Services zu griege mitaus Koscht, ruff die Nummer uff dei ID Kaart.
Persian Farsi	برای دسترسی به خدمات زبان به طور رایگان، با شماره قید شده روی کارت شناسایی خود تماس بگیرید.
Polish	Aby uzyskać dostęp do bezpłatnych usług językowych, należy zadzwonić pod numer podany na karcie identyfikacyjnej.
Portuguese	Para aceder aos serviços linguísticos gratuitamente, ligue para o número indicado no seu cartão de identificação.
Punjabi	ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਵਾਲੀਆਂ ਪੰਜਾਬੀ ਸੇਵਾਵਾਂ ਦੀ ਵਰਤੋਂ ਕਰਨ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਫ਼ੋਨ ਕਰੋ।
Romanian	Pentru a accesa gratuit serviciile de limbă, apălați numărul de pe cardul de membru.
Russian	Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону, приведенному на вашей идентификационной карте.
Samoan	Mō le mauaina o 'au'aunaga tau gagana e aunoa ma se totogi, vala'au le numera i luga o lau pepa ID.
Serbo-Croatian	Za besplatne prevodilačke usluge pozovite broj naveden na Vašoj identifikacionoj kartici.

Spanish	Para acceder a los servicios lingüísticos sin costo alguno, llame al número que figura en su tarjeta de identificación.
Sudanic Fulfulde	Heeba a naasta nder ekkitol jaangirde woldeji walla yobugo, ewnu lamba je don windi ha do derowol maada.
Swahili	Kupata huduma za lugha bila malipo kwako, piga nambari iliyo kwenye kadi yako ya kitambulisho.
Syriac-Assyrian	ܟܘܦܬܐ ܗܘܕܡܐ ܙܐ ܠܘܒܗܐ ܒܝܠܐ ܡܠܝܦܐ ܩܘܩܘܟܐ, ܦܝܓܐ ܢܡܒܪܝ ܝܠܝܘ ܩܘܘܢܝܐ ܩܘܢܝܐ ܕܝܟܘܢ ܕܝܐ ܩܝܬܡܒܘܠܝܫܘ.
Swahili	Kupata huduma za lugha bila malipo kwako, piga nambari iliyo kwenye kadi yako ya kitambulisho.
Tagalog	Upang ma-access ang mga serbisyo sa wika nang walang bayad, tawagan ang numero sa iyong ID card.
Telugu	భాష సేవలను మీకు ఖర్చు లేకుండా అందుకునేందుకు, మీ ఐడి కార్డుపై ఉన్న నంబరుకు కాల్ చేయండి.
Thai	หากท่านต้องการเข้าถึงการบริการทางด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดโทรหมายเลขที่แสดงอยู่บนบัตรประจำตัวของท่าน
Tongan	Kapau 'oku ke fiema'u ta'etötōngi 'a e ngaahi sēvesi kotoa pē he ngaahi lea kotoa, telefoni ki he fika 'oku hā atu 'i ho'o ID kaati.
Turkish	Dil hizmetlerine ücretsiz olarak erişmek için kimlik kartınızdaki numarayı arayın.
Ukrainian	Щоб безкоштовно отримати мовні послуги, задзвоніть за номером, вказаним на вашій ідентифікаційній картці.
Urdu	لسانی خدمات تک مُفت رسائی کے لیے، اپنے بیمہ کے ID کارڈ پر درج نمبر پر کال کریں۔
Vietnamese	Để sử dụng các dịch vụ ngôn ngữ miễn phí, vui lòng gọi số điện thoại ghi trên thẻ ID của quý vị.
Yiddish	צו באקומען שפראך סערוויסעס פארײ פון אפצאל, רופט דעם נומער אויף אייער ID קארטל.
Yoruba	Láti ráyèsí àwọn iṣẹ èdè fún ọ lófèé, pe nọmbà tò wà lóri káàdi ìdánimọ rẹ.