

Audiology & DME Benefit Maximum Verification

This form should be used to confirm whether the max HFS benefits have been used for Audiology or Durable Medical Equipment services. Please complete the below fields, the information provided by Aetna better Health of Illinois is only current and accurate as of the date of receipt.

Please complete the below form and e-mail to benefitLimitVerification@AETNA.com.

Date of Request: _____

MEMBER INFORMATION

Name: _____

Medicaid ID Number _____

Member's Date of Birth: _____

PROVIDER INFORMATION

Provider Name: _____

TIN (Required*) _____

Email Address: _____

Contact Telephone #: _____

Contact Person: _____

Audiology / DME Service Requested:

CPT / HCPCS code(s):	Expected Delivery Date:	Expected Number of Units:

**The below table will be completed by the health plan*

CPT / HCPCS code(s):	Prior Auth Required Y or N	HFS Max Limit:	HFS Max Days:	Date of Service:	Units Used:

***NOTE: The above information is determined by claims received and adjusted.**