



AETNA BETTER HEALTH® OF KENTUCKY

Portable cribs program request form

(If multiple births a separate form is needed for each)

Physician's name:	
Physician's address:	
City/State/Zip code:	
Physician's office phone number:	
Member name:	
Member ID:	
Member address: (No P.O. Box accepted)	
City/State/Zip code:	
Member home phone number:	
Member cell phone number:	
Crib Color - Circle One	Boy <input type="checkbox"/> Girl <input type="checkbox"/> Neutral <input type="checkbox"/>

Program Requirement – Provider Office Checklist

Members must enroll in the Case Management Program to qualify

37 weeks with 7 prenatal PCP/OB visits verified by Physician:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did Member deliver pre-term?	Yes <input type="checkbox"/> No <input type="checkbox"/> How many weeks? ____
If pre-term delivery: Number of office visits the member went to?	Number of visits ____
_____ Physician's Signature	_____ Name of Physician (please print)

After form is completed & signed by physician, return to the address below:

Aetna Better Health
 Attn: Cribs Program
 9900 Corporate Campus Drive Suite #1000
 Louisville, KY 40223
 Fax to: **1-855-454-5583**

If you have any questions, please call Member Service at **1-855-300-5528**.

Office hours are Monday through Friday 7 a.m. to 7 p.m. ET.

(Please allow 4-6 weeks for delivery)