Aetna Better Health® of Kentucky
9900 Corporate Campus Drive, Suite 1000
Louisville, KY 40223

Lock-In Provider Referral Form

Phone**: 1-855-300-5528**
Fax**: 1-866-415-2818**

PLEASE NOTE THIS REFERRAL IS FOR LOCK IN MEMBERS ONLY
ALL ITEMS MUST BE COMPLETED OR THE FORM WILL BE RETURNED

MEMBER INFORMATION:	
Member Name:	
Member ID#:	Date of Referral:
CPT Code:	Diagnosis Code:
Diagnosis Description:	
Length of Treatment: □ 1 month □ 3 months □ 6 months □ 9 months □ 12 months	

PCP INFORMATION:	
PCP Name:	
PCP NPI#:	PCP TIN#:
PCP Phone:	PCP Fax:
Person Completing Form:	Phone #:

REFERRED TO PROVIDER INFORMATION:	
Referred to Provider Name:	
Referred to TIN# or Office Group Name:	
Referred to NPI#:	
Referred to Phone:	Referred to Fax:

_____ _____
Signature of Referring PCP/PCP Representative Date