



Aetna Medicare Grievance Form

A grievance is a type of complaint you make about us or one of our network providers or pharmacies, including a complaint concerning the quality of your care. This type of complaint does not involve coverage or payment determinations. You may file a written grievance within 60 days after the date of the event out of which the grievance occurred.

This form may be sent to us by mail or fax:

Aetna Medicare Advantage Plan

Aetna Medicare Grievance & Appeals
PO Box 14067
Lexington, KY 40512

Fax Number:
1-866-604-7092

Aetna Medicare Prescription Drug Plan

Aetna Medicare Grievance & Appeals
PO Box 14579
Lexington, KY 40512

Fax Number:
1-866-604-7092

You may also submit a complaint by phone at 1-800-282-5366 (TTY 1-888-760-4748 or 711) for Aetna Medicare Advantage Plans or 1-877-238-6211 (TTY 1-888-760-4748 or 711) for Aetna Prescription Drug Plans, 8 a.m. to 8 p.m., Monday through Sunday. You may also submit a complaint through our website at www.aetnamedicare.com.

Who May File a Grievance: If you want another individual (such as a family member or friend) to file a grievance for you, that individual must be your representative. Contact us to learn how to name a representative.

Enrollee's Information

Enrollee's Name		Date of Birth
Enrollee's Address		
City	State	ZIP Code
Phone ()	Enrollee's Plan ID Number	

A Medicare Advantage organization with a Medicare contract. A Medicare approved Part D Sponsor.

