



# Network Provider Nomination

Generally, if you're retired and have Medicare Parts A and/or B as your primary coverage, it's not necessary to select a Network provider.

However, you will not receive Network-level benefits for any services that Medicare does not cover when you choose a Non-Network provider.

## Your Relationship with Your Provider is Important

We understand the importance of having confidence in your health care provider. You've built a trusting relationship and you want to keep it. Yet you can save a lot by using a Network provider. That's why we make it easy for you to nominate your provider to join the Network.

To find out if your provider already participates in the Network:

- Search our electronic directory on the [Locate a Provider](#) page at [www.MHBP.com](http://www.MHBP.com); or,
- Call us at **800-410-7778**

## It's Easy to Nominate Your Provider

All you need to do is complete the form on the next page and click *SUBMIT*. We'll contact your provider to discuss participation in the Network and send an application if he/she would like to join. Once we receive the completed application, we will call your provider to discuss our criteria for joining the Network and gather any additional information we need.

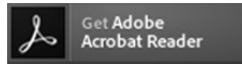
Please note that while we make every effort to bring your health care provider into the Network, completion of this form is not a guarantee that he/she will become part of our provider network. Also, due to the number of steps involved, the process may take several months to complete.

If you have any questions, please call us at **800-410-7778**.



# Network Provider Nomination

This form contains interactive fields and should be viewed with Adobe® Acrobat® or Acrobat Reader® software.



**Completion of this form does not guarantee that the nominated health care provider will become part of the Plan's network.**

About your health care provider:			
First Name	Last Name	Degree or credential (MD, DO, RN, PA, etc.)	
Address			Suite or room number
City	State	ZIP Code	Phone

I understand that this form is for consideration purposes only and that the health care provider must agree to fulfill the requirements established in a contractual agreement.

About you:			
First Name	Last Name		
Address			Apt, Unit or Lot number
City	State	ZIP Code	Phone

Date	Group Number/Plan Name <b>Mail Handlers Benefit Plan (MHBP)</b>
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**Click Submit to begin the nomination process.**

Please note that this may be a lengthy process. We will notify you once the process is complete. Thank you for your nomination!

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

Aetna provides free aid/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 800-410-7778.

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

800-648-7817, TTY: 711

Fax: 859-425-3379

[CRCoordinator@aetna.com](mailto: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 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).

**(TTY: 711)**

To access language services at no cost to you, call 800-410-7778.

Para acceder a los servicios de idiomas sin costo, llame al 800-410-7778. (Spanish)

如欲使用免費語言服務，請致電 800-410-7778。 (Chinese)

Afin d'accéder aux services langagiers sans frais, composez le 800-410-7778. (French)

Para ma-access ang mga serbisyo sa wika nang wala kayong babayaran, tumawag sa 800-410-7778. (Tagalog)

Um auf für Sie kostenlose Sprachdienstleistungen zuzugreifen, rufen Sie 800-410-7778 an. (German)

*T'áá ni nizaad k'ehjí bee níká a'doowol doo bááh ílnígóó koji' hólne'* 800-410-7778. (Navajo)

للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم 800-410-7778. (Arabic)

Pou jwenn sèvis lang gratis, rele 800-410-7778. (French Creole-Haitian)

Per accedere ai servizi linguistici, senza alcun costo per lei, chiami il numero 800-410-7778. (Italian)

言語サービスを無料でご利用いただくには、800-410-7778 までお電話ください。 (Japanese)

무료 언어 서비스를 이용하려면 800-410-7778 번으로 전화해 주십시오. (Korean)

برای دسترسی به خدمات زبان به طور رایگان، با شماره 800-410-7778 تماس بگیرید. (Persian-Farsi)

Aby uzyskać dostęp do bezpłatnych usług językowych proszę zadzwonoć 800-410-7778. (Polish)

Para acessar os serviços de idiomas sem custo para você, ligue para 800-410-7778. (Portuguese)

Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону 800-410-7778. (Russian)

Nếu quý vị muốn sử dụng miễn phí các dịch vụ ngôn ngữ, hãy gọi tới số 800-410-7778. (Vietnamese)