



Group Health and Life Insurance Government of the CNMI Prior Authorization Request for Airfare Reimbursement

Email this form with all pertinent information to AetnaInternationalCaseManagement@aetna.com
Recommendation for email subject line: "GHLI 840366 Airfare Review" - Reviews may take up to 10 business days.

Member Information

First and Last Name	Member WID
Phone Number	Email Address

Referring Provider Information (must be an Aetna In-Network Provider)

Physician Name	Physician Phone Number
Facility Name	Facility Phone Number

Travel Details

Destination* <input type="checkbox"/> Philippines <input type="checkbox"/> Taiwan <input type="checkbox"/> South Korea <input type="checkbox"/> USA	Expected Travel Dates
Originating Airport: must be from the CNMI	Expected Airline
*All plans are eligible for Philippines, Taiwan, and South Korea. Only the High Plan is eligible to the USA	

Is a Companion or Medical Escort medically required?

Companion: <input type="checkbox"/> Yes	Medical Escort: <input type="checkbox"/> Yes
---	--

Qualifying Condition: For qualifying conditions where care is not available in the CNMI and prior authorization has been provided by Aetna; the Airfare Benefit may provide reimbursement up to USD \$500 for a roundtrip economy airfare for the insured patient, up to \$500 for a companion (if medically required) and up to \$500 for a medical escort (if medically required) to one of our in-network facilities in Philippines, Taiwan, South Korea and the US Mainland. Benefit is limited to once per insured member, per plan year. This benefit does not cover diagnostic procedures, second opinions, air ambulance, ground transportation, meals, lodging or repatriation of mortal remains, unless otherwise noted for Transplant Services.

Reimbursement Request: no greater than 12 months following airfare departure date (date of service), submit completed Aetna claim form, copy of Aetna approval, copy of itemized airfare receipt (proof of payment), boarding pass, airline ticket and itinerary to aIService@aetna.com.

Checklist

- Medical Referral by referring in-network provider/facility
- Pertinent Medical Records

Member Signature	Date
------------------	------

Note: Submission of this document does not guarantee approval for airfare reimbursement. In the case of a discrepancy between the Plan Documents and this document, the Plan Documents will determine the Plan of Benefits. As used herein, the term "Plan Documents" includes, but is not limited to, the Booklet, Schedule of Benefits and any Booklet Amendments/Riders including any state-specific variations, as applicable. For further details, refer to your Plan Documents. In the event of a discrepancy, the Contract will prevail.