

WMC Westchester The patient will enter the Facility/ Provider's Name a well as the patient's name. This can be the Patient's name or the Guarantor entering the patient's name. The patient will enter the Facility/ Provider's Name as

Westchester Medical Center Health Net

aetna [®]				
Name of facility/provider				
Patient name				
I. Do you or another fa	mily member have	e other health coverage that n	nay cover this claim?	,
		ithin section one, sign and date		
Name of Aetna subscriber				
Date of birth	A	etna member ID	Patient relations	ship to subscriber
Name of employer group		Effective date of	of coverage	
1a. Type of other covera	age 🔔			
Other Aetna Health P		oce Student Health M	edicaid	
Other health plan name			Effective date of	coverage
Other health plan address				
Th	e patient wil	l enter Subscriber's na	ame, this is the	
Other health plan phone	vner of the In	surance plan. Their D	ate of Birth.	П. с. серви
		entification Number),		On COBRA
	•	subscriber, The subsc		Y
2. If the patient is				
Patient's name gro	oup and effe			
		ctive date of coverage		
Patient's date of birth ha		cuve date of coverage nce health plan, the pa		
	s one insura	•	atient must skip	
do do	s one insura	nce health plan, the pa	atient must skip	
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