



P: 800-585-9990  
 F: 888-972-7689  
[www.fitbucksrewards.com/aetna](http://www.fitbucksrewards.com/aetna)

# Fax

**To:** Submission Department

**From:**

**Fax:** 888-972-7689

**Pages** (including cover sheet):

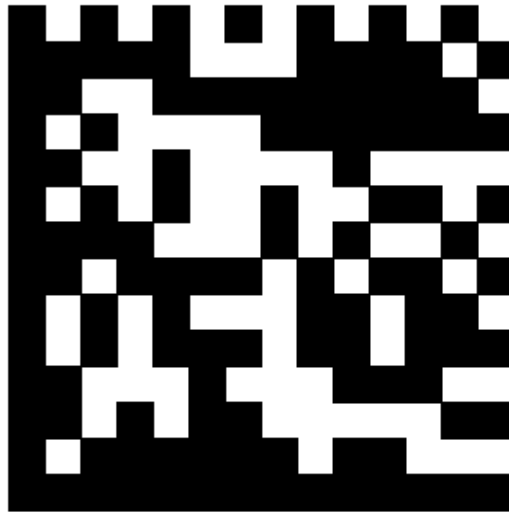
**Phone:** 800-585-9990

**Dates:**

**Re:** Reimbursement Request #1366

**cc:**

**Please Note:** to check the status of your submission please visit [www.fitbucksrewards.com/aetna](http://www.fitbucksrewards.com/aetna)



- ☐ Place this coversheet as the FIRST page of your fax.
- ☐ To complete your request, click "submit" on the Review Your Reimbursement page.
- ☐ Include ALL required proof, including dates, receipts, or additional materials that will help verify your request.
- ☐ ONLY include verifying materials that are relevant to this particular request. Materials for additional requests will be discarded
- ☐ ONLY submit requests and corresponding documentation for yourself. Requests for additional individuals will not be processed.