

# Quartz Medicare Advantage (HMO) Fitness Reimbursement Form



840 Carolina Street, Sauk City, WI 53583

Quartz Medicare Advantage (HMO) plans include a \$25 monthly reimbursement for membership dues at a licensed facility of your choice (see your 2021 Evidence of Coverage, Chapter 4, Medical Benefits Chart).

## Member Information

Name:

Member ID Number (from your member ID card):

Phone Number (include area code):

Date of Birth (mm/dd/yyyy):

Address:

City:

State:

ZIP:

## Eligible Fitness Reimbursement

You can get reimbursed up to \$25 for monthly membership dues at a licensed fitness facility of your choice. Any fitness center services that usually have an extra fee are not included in this reimbursement.

Please check (✓) the month(s) you are requesting reimbursement for (the month(s) you check should match your proof of payment or receipt).

Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Fitness Facility:

Fitness Facility Phone Number (include area code):

## How to Submit for Reimbursement

You will need to complete this reimbursement form within 12 months of the date of payment to be eligible for reimbursement. Forms submitted without the necessary information and/or proof of payment will be returned. Please complete this form (include proof of payment or receipt) and mail or fax it to us.

Mail: **Quartz Medicare Advantage (HMO)** OR Fax: **(608) 644-2003**

**840 Carolina Street**

**Sauk City, WI 53583**

- We will send reimbursements monthly, depending on eligible dates of coverage.

How to Submit for Reimbursement 

## How to Submit for Reimbursement (cont.)

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- Prepayments of extended fitness memberships will be reimbursed monthly upon determination of member eligibility. You do not need to submit monthly receipts in this case.

**For example:** If you paid for January, February, and March and submit proof of payment for all three months in January, you will get reimbursed separately after each of those months if you stay eligible on the plan. If you submit proof of payment for all three months at the end of March and have been eligible through those months, we will reimburse all at once.

- Please allow 30 days for each reimbursement request to be processed.
- You can download and print additional reimbursement forms from your MyChart account at QuartzMyChart.com.

## We're Here to Help

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If you have questions or need more information, call Customer Service at **(800) 394-5566 or TTY 711**, Monday through Friday, 8 a.m. to 8 p.m. October 1 through March 31, we're also available Saturdays and Sundays from 8 a.m. to 8 p.m.

Quartz Medicare Advantage (HMO) is an HMO plan with a Medicare contract. Enrollment in this plan depends on contract renewal. Limitations, copayments, and restrictions may apply. Benefits and/or copayments/coinsurance may change on January 1 of each year.

Quartz Health Plan Corporation and Quartz Health Plan MN Corporation comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex.

**Spanish** – ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de ayuda con el idioma. Llame al (800) 362-3310, TTY 711 or toll free (800) 877-8973.

**Hmong** – LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau (800) 362-3310, TTY 711 or toll free (800) 877-8973.

## NOTICE OF NONDISCRIMINATION

Quartz Medicare Advantage (HMO) is the marketing name operating under the entities of Quartz Health Plan Corporation and Quartz Health Plan MN Corporation. These companies are separate legal entities. In this notice, “we” refers to these companies. We comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex.

- We provide free aids and services to people with disabilities to communicate effectively with us, such as –
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- We provide free language services to people whose primary language is not English, such as –
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Customer Service at **(800) 362-3310**.

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with –

**Kristie Meier, Compliance Officer; 840 Carolina Street, Sauk City, WI 53583**  
**Phone: (800) 362-3310; TTY: 711 or toll free (800) 877-8973; Fax: (608) 644-3500**  
**Email: [AppealsSpecialists@QuartzBenefits.com](mailto:AppealsSpecialists@QuartzBenefits.com)**

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, Kristie Meier, Compliance Officer, is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at [ocrportal.hhs.gov/ocr/portal/lobby.jsf](http://ocrportal.hhs.gov/ocr/portal/lobby.jsf) or by mail or phone at –

**U.S. Department of Health and Human Services**  
**200 Independence Avenue, SW**  
**Room 509F HHH Building**  
**Washington, D.C. 20201**  
**(800) 368-1019; (800) 537-7697 (TDD)**

Complaint forms are available at [hhs.gov/ocr/office/file/index.html](http://hhs.gov/ocr/office/file/index.html).

