

# Quartz Medicare Advantage Member Claim Form



Please complete this form if you have paid for covered medical services (excluding Quartz® CashCard items or services) and the provider WILL NOT be submitting claims to Quartz Medicare Advantage (HMO). This includes services you may have received in a foreign country. To submit requests for your rides and fitness membership reimbursements, go to [QuartzBenefits.com](https://www.QuartzBenefits.com).

## Documentation

In order for us to process your claim, you must complete this reimbursement form and attach **ALL** of the following pieces of documentation. **Important:** if the amount on the Itemized Bill of Services does not match the Proof of Payment, you must explain why before we can process reimbursement.

### Itemized Bill of Services or Primary Insurance Explanation of Benefits

From the provider/insurer that indicates:

- Date of service
- Procedure codes
- Diagnosis codes
- Amount billed
- Amount paid
- Copy of all documents received from foreign providers (if applicable)

### Proof of Payment

If paid by:

- Check – submit a copy of cancelled check(s), front and back
- Credit Card – submit a copy of the original credit card receipt, emailed Square receipt, or the credit card statement showing charges (black out all other information on the credit card statement)
- Cash – receipt on provider letterhead showing paid cash, including amount billed and paid

### Massage therapy requires additional documentation

- Written documentation from your provider that indicates the reason/diagnosis for massage therapy to be covered
  - *Example:* After appointment summary and written order from the provider
- The member needs to submit this documentation every 12 months to show proof of chronic condition
- Include length of massage in description of service

## Important information

- Do not file pharmacy, dental services, fitness membership, or rides to medical services on this form.
- Do not file a claim if the provider is filing for the same services. (Please note: If the provider is contracted with Quartz Medicare Advantage, reimbursement will be paid to provider and participant is responsible for getting reimbursement from the provider.)
- Claims typically must be filed within 12 months from the date of service or as otherwise required by your Plan Document and Summary Plan Description. Failure to file in that timeline may result in denied claims.
- Quartz processes claims within 30 days of receipt. The reimbursement check will be made out to and sent to the health plan policyholder.

# Quartz Medicare Advantage Member Claim Form



## Member information

Member ID number

Last name	First name	Date of Birth (mm/dd/yyyy) ___/___/_____
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I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. Anyone who misrepresents or falsifies essential information requested by this form may upon conviction be subject to fine and imprisonment under Federal law.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

If you cannot sign your name, mark an (X) on the signature line. Have a witness sign his/her name next to the "X" and complete the section below. If signing this form on behalf of a Medicare patient, on the 'Signature of Patient' line above, indicate the patient's name followed by "By" and sign your name. Provide your name and relationship to the patient with a brief explanation why the patient cannot sign.

Date of service	Place of service (Ex: Urgent care, Emergency room, Office visit, etc.)	Description of service	Amount billed	Amount paid

Once completed and the appropriate documentation is attached, return the form and documentation to:

Quartz  
P.O. Box 211221  
Eagan, MN 55121



If you have questions or need more information, call a Quartz Champion at **(800) 394-5566 (TTY: 711)**, Monday - Friday, 8 a.m. to 8 p.m. Oct. 1 - March 31, seven days a week, 8 a.m. - 8 p.m.

## NOTICE OF NONDISCRIMINATION

Quartz Medicare Advantage (HMO) and Quartz Med Advantage Dual Eligible w/Rx are the marketing names 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, gender identity, or sexual orientation.

- 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 Success 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, gender identity, or sexual orientation, you can file a grievance with:

**Kristie Breunig, Compliance Officer; 2650 Novation Parkway, Fitchburg, WI 53713**  
**Phone: (800) 362-3310 (TTY: 711); 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 Breunig, 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](https://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](https://hhs.gov/ocr/office/file/index.html).



## Multi-Language Insert

### Multi-Language Interpreter Services

**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-394-5566 (TTY: 711).

**Hmong:** LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-394-5566 (TTY: 711).

**Chinese:** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-394-5566 (TTY: 711)。

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-394-5566 (TTY: 711).

**Arabic:** ملاحظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية المجانية متاحة من أجلك، يُرجى الاتصال على الرقم 1-800-394-5566 (TTY: 711).

**Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-394-5566 (телетайп: 711).

**Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-394-5566 (711)번으로 전화해 주십시오.

**Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-394-5566 (TTY: 711).

**Pennsylvania Dutch:** Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-394-5566 (TTY: 711).

**Laotian:** ໂບດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-394-5566 (TTY: 711).

**French:** ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-394-5566 (ATS : 711).

**Amharic:** ማሳሰቢያ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶቻችን በ18 ሊያገዝዎት ተዘጋጅተዋል: ወደ ሚከተለው ቁጥር ይደውሉ 1-800-394-5566 (መስማት ለተሳናቸው: 711).

**Hindi:** ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-394-5566 (TTY: 711) पर कॉल करें।

**Serbo-Croatian:** OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-394-5566 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-394-5566 (TTY: 711).