

Clinic-Administered Medication Prior Authorization Request Form



You'll need to verify benefits and eligibility with Customer Service at **(800) 394-5566** or **TTY 711**. Services are not considered authorized until a determination of coverage is completed by Quartz.

Quartz Medicare Advantage (HMO)
840 Carolina Street • Sauk City, WI 53583-1374
(800) 394-5566 • Fax (608) 881-8398
QuartzBenefits.com/MedicareAdvantage

Complete and send to us by:

- ▶ MyQuartzTools.com
- ▶ **Mail:** Quartz Medicare Advantage Pharmacy Program
840 Carolina Street, Sauk City, WI 53583
- ▶ **Fax:** **(608) 881-8398**

Date Completed: _____

MEMBER INFORMATION (PLEASE PRINT)

Name:	Quartz Medicare Advantage Member ID Number:	Date of Birth:
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Diagnosis

Services requested:

HCPCS / CPT Codes:

PROVIDER INFORMATION (PLEASE PRINT)

Requesting Provider:

Facility where services will be performed:

Address:

Provider Phone:	Fax:
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REASON FOR REQUEST (BE AS SPECIFIC AS POSSIBLE)

Supporting Medical Documentation Attached? (Check one.) Yes No Number of Pages _____

REQUEST FOR EXPEDITED REVIEW: By checking this box and signing below, I certify that applying the standard time for making a determination could seriously jeopardize the life or health of the enrollee or the enrollee's ability to regain maximum function.

Provider Signature: _____ Date: _____

You can reach Customer Service at **(800) 394-5566 (TTY 711)**, Monday through Friday from 8 a.m. to 8 p.m. From October 1 through March 31, we are also available on Saturdays and Sundays from 8 a.m. to 8 p.m.