



# Quartz Medicare Advantage (HMO) Claim Adjustment/Review Request Form

840 Carolina Street • Sauk City, WI 53583-1374  
(800) 394-5566 • Fax (608) 643-2564  
QuartzBenefits.com/MedicareAdvantage

## I. PROVIDER CONTACT INFORMATION

Provider Name:		Date:
Contact Name:		Provider Number:
Phone:	Ext:	Fax:
Email:		

## II. MEMBER INFORMATION

Member Name:	Patient Account Number:
Claim Number:	Member Number:
Date of Service:	

## III. CODING CORRECTION/REVIEW

For all Quartz Medicare Advantage (HMO) claims, send form to:

**Quartz, Attn.: Recoveries**  
**PO Box 211221**  
**Eagan, MN 55121**

or FAX to **(608) 643-2564**

**Please attach a copy of any necessary supporting documentation and/or a corrected claim.**

- |  |  |
|--|--|
| <input type="checkbox"/> Coordination of Benefits                                  | <input type="checkbox"/> Description of Unlisted/Misc. Code                          |
| <input type="checkbox"/> Code Bundling Denial                                      | <input type="checkbox"/> Duplicate/Not a Duplicate (circle one)                      |
| <input type="checkbox"/> Corrected Charged Amount                                  | <input type="checkbox"/> Medical Records Requested: Attn: _____                      |
| <input type="checkbox"/> Corrected Date of Service                                 | <input type="checkbox"/> Meets Emergent Care Criteria                                |
| <input type="checkbox"/> Corrected Diagnosis, Procedure Code,<br>Units or Modifier | <input type="checkbox"/> Proof of Authorized Service (Authorization Number)<br>_____ |
| <input type="checkbox"/> Corrected Patient Information                             | <input type="checkbox"/> Proof of Timely Filing                                      |
| <input type="checkbox"/> Corrected Place of Service                                | <input type="checkbox"/> Other _____   |
| <input type="checkbox"/> Corrected Provider Information                            |  |