

Appointment of Authorized Representative for Appeal



This form allows a Quartz member to choose someone to act on their behalf in pursuing an appeal.

Please complete the form and return by –

Mail: Quartz, ATTN.: Appeals Specialists, 840 Carolina Street, Sauk City, WI 53583

Email: AppealsSpecialists@quartzbenefits.com

Fax: (608) 644-3500

Member Name:	Member ID Number:
Name of Service:	Provider Name:
Date of Service:	Location of Service:

Please complete the information about your authorized representative:

Name of Authorized Representative:		
Address of Authorized Representative:		
City:	State:	ZIP:
Phone:	Email:	

I, _____ (member)
hereby appoint _____ (authorized representative)
to act on my behalf in connection with the appeal of the above noted service. I authorize my representative to receive any and all information that is provided to me, and to act for me in providing any information to my health plan that relates to the appeal.

Note: All information and notifications will be directed to your authorized representative and to you, unless you direct otherwise by checking the applicable box below:

- Distribute only to me
 Distribute only to my authorized representative

This authorization is only valid for the duration of the appeal. If you sign this form, you may revoke the authorization at any time by notifying us in writing at the above address.

Signature of member or legal representative:	Date:
Printed Name:	

Quartz-branded health plans are underwritten by Gundersen Health Plan, Inc., Gundersen Health Plan Minnesota, Unity Health Plans Insurance Corporation, and Physicians Plus Insurance Corporation. See your ID card for information on which company underwrites your plan. If you have questions or need assistance, please contact Customer Service at (800) 362-3310, or through MyChart at QuartzMyChart.com.