

Authorization Agreement

For Electronic Health Care Claim Payment / Advice 835

Thank you for your interest in the Electronic Health Care Claim Payment/Advice (835), also known as Electronic Remittance Advice (ERA). Once this process begins, ERAs will be securely delivered to your designated trading partner data repository. This will include a tracing number that will tie back to your EFT (Electronic Funds Transfer) or Check payment. The information contained within this form will be applied to all applicable contracts with Quartz Health Solutions, Inc., Quartz Health Benefit Plans Corporation, Quartz Health Plan Corporation, Quartz Health Plan MN Corporation and Quartz Health Insurance Corporation.

Step 1: Please complete the ERA authorized agreement form. If signing up or changing information, complete the ERA authorization in its entirety. If you want to cancel the ERA process with Quartz, complete sections 1, 2 and 7. Return the agreement form to Quartz at:

Quartz
Attn: EDI Dept.
840 Carolina Street
Sauk City, WI 53583

Or email to:
EDI@QuartzBenefits.com
Attn: EDI Dept.
If you have any questions on this form, please contact your Provider Relations Coordinator.

Step 2: The normal enrollment process time takes 2-5 business days. At the time the enrollment process is complete your next claims payment advice would be an ERA.

If you would like to know the status of your ERA enrollment or have a question regarding an ERA, call the EDI Department at (800) 362-3310.

Step 3: In order to receive your ERA, after enrollment has been confirmed, you must contact your vendor or clearinghouse to arrange for the delivery of the CORE - compliant ERA.

**NOTE* If your vendor or clearinghouse does not have an existing trading partner connection with Quartz, please have them complete, sign and mail two original copies of the [trading partner agreement](#) to:*

Quartz
Attn: EDI Dept.
840 Carolina Street
Sauk City, WI 53583

*Once both originals are **received, approved and signed** by Quartz, one of the originals will be return mailed to the vendor or clearinghouse. One successful round of testing with this vendor or clearinghouse is required utilizing the ERA claim tests for the provider being enrolled before the enrollment process can be confirmed.*

Implementation Information

Section 1: Provider Information

Provider Name: *					
Physical Address: *					
City: *		State / Province: *		Zip: *	

Section 2: Provider Identifiers Information

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN): *					
National Provider Identifier: * (Provider may list multiple NPI Numbers if they share the Federal Tax ID Listed above. A separate Implementation Form needs to be completed for each unique Federal Tax ID)					

Section 3: Provider Contact Information

Provider Contact Name: *					
Title: *		Phone Number: *			
Email Address: *		Fax Number: *			

Section 4: Electronic Remittance Advice Information

Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier): *	
<input type="checkbox"/>	Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)
<input type="checkbox"/>	National Provider Identifier (NPI)
Method of Retrieval (e.g. SFTP via Quartz server connection):*	



Section 5: Electronic Remittance Advice Clearinghouse Information			
Clearinghouse Name:*			
Clearinghouse Contact Name:*			
Phone Number:*		Email Address:*	

Section 6: Electronic Remittance Advice Vendor Information			
Vendor Name:*			
Vendor Contact Name:*			
Phone Number:*		Email Address:*	

Section 7: Submission Information			
Reason for Submission: (Check one):	<input type="checkbox"/> New Enrollment	<input type="checkbox"/> Change Enrollment	<input type="checkbox"/> Cancel Enrollment
Method of Retrieval (e.g. SFTP via Quartz SFTP server connection):*			

The information contained within this form will be applied to all applicable contracts with Quartz Health Benefit Plans Corporation, Quartz Health Solutions, Inc., Quartz Health Plan Corporation, Quartz Health Plan MN Corporation, and Quartz Health Benefits Corporation Quartz.

Authorized Signature:*	
Written Signature of Person Submitting Enrollment:*	
<i>This signature authorizes the provider to enroll with ERA with Quartz Health Solutions, Inc., Quartz Health Benefit Plans Corporation, Quartz Health Plan Corporation, Quartz Health Plan MN Corporation and Quartz Health Insurance Corporation.</i>	
Printed Name of Person Submitting:*	
Printed Title of Person Submitting Enrollment:*	
Submission Date (e.g. CCYMMDD):*	

* Indicates a required field.

Form Help and Definitions

Provider Information:

Provider Name: Complete legal name of institution, corporate entity, practice or individual provider

Street: The number and street name where a person or organization can be found

City: City associated with address

State/Province: State/Province associated with address

Zip Code: Zip Code associated with address

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN): A 9-digit identification number used by the Internal Revenue Service in the administration of tax laws.

National Provider Identifier (NPI): A unique 10-digit identification number for covered healthcare providers.

(Provider may list multiple NPI #'s if they share the Federal Tax ID listed above. A separate Implementation form needs to be completed for each unique Federal Tax ID)

Provider Contact Information:

Provider Contact Name: Name of a person in provider's office that handles EFT (Electronic Fund Transfers)

Title: Title associated with Contact

Telephone Number: Telephone Number associated with Contact

Email Address: Email Address associated with Contact

Fax Number: Fax Number associated with Contact

Electronic Remittance Advice Information:

Preference for Aggregation of Remittance Data: Provider preference for grouping (bulking) claim payment remittance advice – must match preference for EFT payment

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN): A 9-digit identification number used by the Internal Revenue Service in the administration of tax laws.

National Provider Identifier (NPI): A unique 10-digit identification number for covered healthcare providers.

(Provider may list multiple NPI #'s if they share the Federal Tax ID listed above. A separate Implementation form needs to be completed for each unique Federal Tax ID)



Electronic Remittance Advice Clearinghouse Information:

Clearinghouse Name: Official name of the provider's clearinghouse

Clearinghouse Contact Name: Name of a contact in clearinghouse office for handling ERA issues

Telephone Number: Telephone number of contact

City: An electronic mail address at which the health plan might contact the provider's clearinghouse

Electronic Remittance Advice Vendor Information:

Vendor Name: Official name of the provider's vendor

Vendor Contact Name: Name of a contact in vendor office for handling ERA issues

Telephone Number: Telephone number of contact

City: An electronic mail address at which the health plan might contact the provider's vendor

QUARTZ AUTHORIZATION AGREEMENT

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Authorized Signature:

Written Signature of Person Submitting Enrollment: The signature of an individual authorized by the provider to initiate, modify, or terminate an enrollment.

Printed Name of Person Submitting: The printed name of the person signing the form

Printed Title of Person Submitting Enrollment: The title of the person signing the form

Submission Date (e.g. CCYYMMDD): The date on which the enrollment is submitted

Requested ERA Effective Date (e.g. CCYYMMDD): Date the provider wishes to begin ERA