

# Participant Claim Reimbursement Form



MEDICAL

If you have paid for covered medical services and the provider **WILL NOT** be submitting claims to Quartz, please complete this form. This includes services you may have received in a foreign country. **All sections of this form and the appropriate documentation must be provided for Quartz to process for reimbursement on behalf of your Plan.**

## SECTION I: PARTICIPANT INFORMATION

PATIENT INFORMATION			
Last Name	First Name	M.I.	
PARTICIPANT INFORMATION			
Participant # (from your Quartz ID card)			
Last Name	First Name	M.I.	
Street Address (please include apartment number)			
City		State	Zip Code
Home Phone Number	Work Phone Number		Date of Birth (MM/DD/YYYY)

## SECTION II: DOCUMENTATION

In order for us to process your claim, you must complete this reimbursement form and attach **ALL** of the following pieces of documentation –

- **Itemized Bill of Services or Primary Insurance Explanation of Benefits (if applicable)**  
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

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.

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DATE OF SERVICE	PLACE OF SERVICE	DESCRIPTION OF SERVICE	AMOUNT BILLED	AMOUNT PAID
	For example: Urgent Care, Emergency Room, Office Visit, Inpatient Stay, etc.			
1.				
2.				
3.				
4.				
5.				
6.				

**IMPORTANT INFORMATION**

- Do not file prescriptions on this form. If you have Pharmacy Benefits as part of your coverage, please visit [QuartzMyChart.com](http://QuartzMyChart.com) for a Direct Participant Reimbursement Form.
- Complete a separate form for each covered family member.
- Do not file a claim if the provider is filing for the same services. (Please note: if the provider is contracted with Quartz, reimbursement will be paid to provider and participant is responsible for getting reimbursement from the provider.)
- Claims typically must be filed within 12-15 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.

**Once completed and the appropriate documentation is attached, you may fax the form and documentation to (608) 643-5230 or mail to –**

**Quartz  
PO BOX 490  
Sauk City, WI 53583-1374**