



PO BOX 490
Sauk City, WI 53583

Toll Free (800) 805-0693
Fax (608) 643-2564
QuartzBenefits.com

Administered on behalf of "Your group name"

You can now sign up to receive your EOBs electronically! Visit
QuartzMyChart.com and register for your QuartzMyChart account.

12345
#ABCDEFG
DOE, JANE A
123 MAIN STREET
ANYTOWN, WI 54321

How to Read Your EXPLANATION OF BENEFITS (EOB)

- 1 Participant: Jane Doe
- 2 Group #: 12345
- 3 Patient: Jane A. Doe
- 4 Dependent #: 123456789-00
- 5 Claim #: 1234567891
- 6 Provider of Service: ABC Hospital & Clinics
- 7 Account #: 123456789
- 8 Processed Date: 08/28/2013

9 Total Member Responsibility for this Claim (see below for details)	\$639.92
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This is not a bill. Please remit payment to your provider of service upon receipt of an invoice if you have not previously paid.

Important Information—Please Read

This document serves as notice of a benefit determination. If we have declined to provide benefits, in whole or in part, for the requested treatment or service described below, and you think this determination was made in error, you have the right to appeal (see the back of this page for information about your appeal rights).

*This claim is from a participating provider. The "Amount Not Covered" below without any remark codes are not your responsibility to pay. Any amount listed in the copay / coinsurance or deductible columns remain your responsibility. Your plan has made payment to the provider for the amount listed in the Paid / Capitated column.

10	11	12	13	14	15	16	17	18	19	20
Service Code and Description	Date of Service	Amount Billed	Amount Allowable	Copay	Co-ins	Deductible	Amount COB	*Amount Not Covered	Remark Code	Paid / Capitated
93306 ECHO TTHRC R-T 2D - + M-MODE COM	08/01/18- 08/01/18	\$2,277.00	\$865.26	\$0.00	\$139.45	\$167.99	\$0.00	\$1,411.74		\$557.82
99215 OFFICE OUTPT EST 40 MIN	08/01/18- 08/01/18	\$230.00	\$87.40	\$10.00	\$17.48	\$0.00		\$142.60		\$59.92
69210 REMOVAL IMPACTED CERUMEN INSTR	08/01/18- 08/01/18	\$315.00	\$0.00	\$0.00	\$0.00	\$0.00		\$315.00	520	\$0.00
TOTAL:		\$2,822.00	\$952.66	\$10.00	\$156.93	\$167.99	\$0.00	\$1,869.34		\$617.74

DESCRIPTION OF REMARK CODES*****

520 NOT COVERED – PRIOR AUTHORIZATION IS NOT ON FILE

21 Accumulation Information – Data shown below is as of the EOB print date

Benefit Accum Code	Benefit Accumulation Description
00500	YOU HAVE MET \$2,000.00 OF YOUR \$2,000.00 SINGLE DEDUCTIBLE
00504	YOU HAVE MET \$2,703.54 OF YOUR \$4,000.00 SINGLE OUT OF POCKET MAXIMUM

- Policyholder** – The name of the person who has the insurance policy with Quartz.
- Group #** – A unique number that Quartz assigns to your employer or group. This number should match the Quartz ID card.
- Patient** – The name of the person who received medical services.
- Member #** – A unique number found on your Quartz ID card.
- Claim #** – The number that the health care provider assigns to a specific medical visit.
- Provider of Service** – Provider refers to the "health care provider." A provider can be a doctor, clinic, hospital or other organization that gives medical services.
- Account #** – This is the account number assigned by the provider. The provider submits it to us on the claim.
- Processed Date** – The date Quartz notified the health care provider the amount Quartz will pay for the claim.
- Total Member Responsibility for this Claim** – The amount you must pay to the health care provider. (This includes your out-of-pocket charges plus any charges not covered by your insurance policy.)
- Service Code** – A number the health care provider assigns to a specific medical service / Description of Service – A description of the medical service given by the health care provider.
- Date of Service** – The date the medical service was given by the health care provider.
- Amount Billed** – The amount the health care provider billed Quartz for the medical service.
- Amount Allowable** – The dollar amount Quartz will pay the health care provider based on the providers' contract with Quartz. If there is no contract, this amount is based on standard amounts charged in the area.
- Copay** – The fixed dollar amount that you must pay, as described in your specific policy information (Schedule of Benefits).
- Coinsurance** – The dollar amount (a percentage) that you must pay, as described in your specific policy information (Schedule of Benefits).
- Deductible** – A fixed amount of money a member or family must pay before Quartz will make a payment toward a covered service.
- Amount COB** – This is the amount paid by the primary insurer.
- Amount Not Covered** – The dollar amount is not covered by Quartz. If the charges listed do not include a remark code (in the next column), you are not responsible to pay the amount.
- Remark Code** – An explanation from Quartz for not providing payment (full or partial) to the health care provider for the Amount Billed.
- Paid / Capitated** – The amount Quartz paid to your health care provider.
- Accumulation Information** – This section shows the amount that you have accumulated toward your benefit maximums, coinsurance, deductible or stop loss limits. See the Uniform Benefits for your specific policy information.

Important Information about Your Appeal Rights

What if I need help understanding this denial? Contact us at QuartzBenefits.com or call (800) 805-0693 or (608) 644-3440 if you need assistance understanding this notice or your group health plan's decision to deny you a service or coverage.

What if I don't agree with this decision? You have a right to appeal any decision not to provide or pay for an item or service (in whole or in part). Refer to the "Claim Appeal Section" or similar section on appeals in your Summary Plan Description. If you need assistance figuring out which section this is, call Quartz Customer Service at (800) 805-0693.

How do I file an appeal? Complete the bottom of this page, make a copy and send this document to Quartz, ATTN: Appeals Specialists, 840 Carolina Street, Sauk City, WI 53583 or you may email AppealsSpecialists@QuartzBenefits.com or fax it to (608) 644-3500. See also the "Other resources to help you" section of this form for assistance filing a request for an appeal.

What if my situation is urgent? If your situation meets the definition of urgent under the law, your review will generally be conducted within 72 hours. Generally, an urgent situation is one in which your health may be in serious jeopardy, or in the opinion of your physician, you may experience pain that cannot be adequately controlled while you wait for a decision on your appeal. If you believe your situation is urgent, you may request an expedited appeal by calling us at (877) 849-1029, prompt #6, emailing your request to AppealsSpecialists@QuartzBenefits.com or faxing it to (608) 644-3500.

Who may file an appeal? You or someone you name to act for you (your authorized representative) may file an appeal. To name an authorized representative for the appeals process, obtain an Appointment of Authorized Representative for Appeal Form at QuartzBenefits.com or by calling (800) 805-0693 or (608) 644-3440.

Can I provide additional information about my claim? Yes, you may supply additional information. Send the information to Quartz, ATTN: Appeals Specialists, 840 Carolina Street, Sauk City, WI 53583 or you may email AppealsSpecialists@QuartzBenefits.com or fax it to (608) 644-3500.

Can I request copies of information relevant to my claim? Yes, you may request copies (free of charge). If you think a coding error may have caused this claim to be denied, you have the right to have billing and diagnosis codes sent to you, as well. You can request copies of this information by contacting us at QuartzBenefits.com or calling (800) 805-0693 or (608) 644-3440.

What happens next? If you appeal, your group health plan will review its decision and provide you with a written determination. An independent review of your appeal will be conducted by individuals not involved in the previous decision. If your group health plan continues to deny the payment, coverage, or service requested or you do not receive a timely decision, you may be able to request an external review of your claim by an independent third party, who will review the denial and issue a final decision.

Other resources to help you: For questions about your rights, this notice or for assistance, you can contact the Employee Benefits Security Administration at (866) 444-EBSA (3272).

External Review: You may also be eligible to begin an external review at the same time as the internal appeals process if it is an urgent situation or you are in an ongoing course of treatment. To start this process, complete the bottom of this form and mail it and any supporting documentation to Quartz, ATTN: Appeals Specialists, 840 Carolina St, Sauk City, WI 53583

You may have the right to bring a civil action under ERISA Sec. 502(a) if your claim is denied in whole or in part. However, you must first exhaust your rights to an appeal under the plan before you have any right under ERISA to sue. If you are filing an appeal, your appeal must be submitted within 180 calendar days from the date you received written notice of the claim decision as required under ERISA.

SPANISH (Español): Para obtener asistencia en Español, llame al (800) 805-0693.

Appeal Filing Form

NAME OF PERSON FILING APPEAL: _____

Check one: Covered person Patient Authorized Representative

Contact information of person filing appeal (if different from patient)

Address: _____ **Daytime phone:** _____

Email: _____

Are you requesting an urgent appeal? Yes No

Briefly describe why you disagree with this decision (you may attach additional information, such as a physician's letter, bills, medical records or other documents to support your claim)

Send this form and your Adverse Benefit Determination to: Quartz, ATTN: Appeals Specialists, 840 Carolina Street, Sauk City, WI 53583

Keep copies of this form, your Adverse Benefit Determination and all documents and correspondence related to this claim.