



Jane ASO Doe
456 Coverage Street
Mc Farland WI 53558

Explanation of Benefits

This is not a bill –

This is a summary of the health care services Jane received on 4/14/20.

We received a claim requesting payment toward the services covered under your health plan. The details you see here show you the total cost of these services, what Quartz negotiated and paid the health care provider on your behalf and what the health care provider may bill you.

The provider, Paul E Bergquist, may bill you \$30.00.



Questions?

We're happy to help.

(800) 805-0693

CustomerService@QuartzBenefits.com

Visit [QuartzBenefits.com](https://www.QuartzBenefits.com) to learn more!

If you suspect fraud, please call us at (800) 805-0693.

Explanation of Benefits



Date of Service: 4/14/20
Claim Processed Date: 4/19/2020

Quartz Health Solutions, Inc.
840 Carolina Street
Sauk City, WI 53583

Claim Summary This is not a bill.

Total Amount Billed: 105.00
Quartz Allowed: 64.26
Negotiated Discount: 40.74
Primary Insurance Paid: N/A
Quartz Paid Provider: 34.26
Quartz Provider Payment Adjustment: 0.00
Disallowed Amount: 0.00
Expected Patient Total: 30.00

Your Benefits for this Claim

Subscriber: DOE,JANE ASO
Policy Number: 71400011900
Copay: 30.00
Deductible: 0.00
Coinsurance: 0.00
Not Covered: 0.00
Exceeded Benefit: 0.00



How this applies to your plan benefits:

The chart below shows how much you've accumulated toward your deductible and out-of-pocket maximum up until this claim date. Use MyChart to view your up-to-date plan details at [QuartzMyChart.com](https://mychart.quartzhealth.com).

Tier Name	Group	Used
HMO Deductible	Individual	\$0.00 of \$1,000.00 paid this year (\$1,000.00 remaining)
	Family	\$0.00 of \$2,000.00 paid this year (\$2,000.00 remaining)

DME Out of Pocket Maximum	Individual		\$0.00 of \$2,700.00 paid this year (\$2,700.00 remaining)
Out of Pocket Limit	Individual		\$0.00 of \$2,000.00 paid this year (\$2,000.00 remaining)
	Family		\$0.00 of \$4,000.00 paid this year (\$4,000.00 remaining)
In Network Maximum Out of Pocket	Individual	■	\$90.00 of \$5,350.00 paid this year (\$5,260.00 remaining)
	Family	■	\$90.00 of \$10,700.00 paid this year (\$10,610.00 remaining)

 **Claim details:**

Claim #: 83 Claim for: Jane ASO Doe Participant #: 71400011900
Service Date: 4/14/20 Provider: Paul E Bergquist Network Status: In Network
Account # with Provider: Information Not Available

 **Services received:**

Date	Procedure/DRG	Service	Reason Code	Billed	Allowed	Paid Amount	Adjustment	Not Covered	Copay	Co-Insurance	Deductible	Patient Total
4/14/20	99213 CPT(R)	Established patient office or other outpatient visit, typically 15 minutes	3	105.00	64.26	34.26	0.00	0.00	30.00	0.00	0.00	30.00
Claim Totals:				105.00	64.26	34.26	0.00	0.00	30.00	0.00	0.00	30.00

Code Summary
3 - 3-CO-PAYMENT AMOUNT

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Important Information about Your Appeal Rights

What if I need help understanding this denial? Contact us at QuartzBenefits.com or call (800) 805-0693 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; email AppealsSpecialists@QuartzBenefits.com; or fax 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.

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.

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 (is your health in serious jeopardy or are you experiencing pain that is not controlled)? Yes No

If the person filing the appeal is NOT the patient, the patient must give authorization by signing here:

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.

QA00008 (0919)