Member Claim Form

PO Box 610
Sauk City, WI 53583

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.*

IMPORTANT INFORMATION

- Do not file prescriptions on this form. Visit QuartzBenefits.com/memberforms for a Prescription Claim Form (Direct Member 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 the provider and the member is responsible for getting reimbursement from the provider.)
- Claims must be filed within 12 months from the date of service or they will be denied.
- Quartz processes claims within 30 days of receipt. The reimbursement check will be made out to and sent to the policyholder of the health plan.

SECTION 1: MEMBER INFORMATION

PATIENT INFORMATION

Last Name	First Name	M.I.

SUBSCRIBER INFORMATION

Member ID Number

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 2: 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)

continued ➔

SECTION 2: DOCUMENTATION continued

- **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 (blackout 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 provide 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,			
1.					
2.					
3.					
4.					
5.					
6.					

Once completed and the appropriate documentation is attached, you may fax this form and documentation to (608) 644-2006 or mail to –

Quartz
PO Box 610
Sauk City, WI 53583

Quartz-branded health plans are underwritten by Unity Health Plans Insurance Corporation, Gundersen Health Plan, Inc., Gundersen Health Plan Minnesota, and Physicians Plus Insurance Corporation.