

Member Claim Form



840 Carolina Street • Sauk City, WI 53583-1374
(800) 362-3310 • Fax (608) 643-2564
QuartzBenefits.com

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 and choose the Downloadable Forms tab for access to 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. (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.
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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.

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

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

Quartz
840 Carolina Street
Sauk City, WI 53583

