

Quartz Medicare Advantage (HMO) determination of benefits worksheet



Use this worksheet to help determine your costs before receiving medical services. Complete sections I and II and send this worksheet to Quartz Medicare Advantage using one of the options in section IV. We will provide you with an estimate of the amount Quartz Medicare Advantage will reimburse and your costs in section III. We will respond to requests within 24 business hours.

I. Member to complete

Member name: _____ Member number: _____

Member address: _____ Date of service: _____

Call the clinic and/or facility and ask that they supply you with an itemized list of the services they will be billing during your visit. This list should include the date of service, provider/location name, procedure billing code, procedure modifier, units, and the billed amount for each code. Enter that information in the chart below.

II. For member to complete					III. For Quartz Medicare Advantage to complete						
Provider/ location name	Procedure billing code	Procedure modifier	Units	Billed amount	Allowed amount	Deductible	Coinsurance	Copay	Other patient liability	Total patient liability	Prior auth required

At what facility will the procedure or treatment take place? (Check one.)

- Primary care provider's office.
 At a hospital on an inpatient basis. Be sure to ask for applicable DRG codes.
 At a hospital on an outpatient basis.
 Other – please list: _____

How would you like us to respond back to you? (Check one.) Fax Mail MyChart

Provide contact details (fax number or mailing address): _____

Your estimated cost* \$ _____ **This is an estimate of the member's financial responsibility for benefits*

effective as of today. Facility and provider charges for services can vary from the types, and amounts listed and the member's financial responsibility will vary accordingly. This worksheet is only a tool to estimate charges and financial responsibility, and does not guarantee the amount Quartz Medicare Advantage will pay.

IV. How to submit the worksheet

Mail or fax the completed worksheet to:

Mail: Attn: Claims – Determination of Benefits
Quartz Medicare Advantage (HMO)
2650 Novation Parkway
Fitchburg, WI 53713

Fax: (608) 644-2040

V. We're here to help

If you have questions or need more information, call a Quartz Champion at **(800) 394-5566 (TTY: 711)**, Monday through Friday, 8 a.m. to 8 p.m. October 1 through March 31, seven days a week, from 8 a.m. to 8 p.m.

Quartz Medicare Advantage (HMO) is an HMO plan with a Medicare contract. Quartz Med Advantage Dual Eligible with Rx is a D-SNP HMO plan that has a contract with Medicare and with a State Medicaid program. Enrollment in these plans depends on contract renewal.

Quartz Health Plan Corporation and Quartz Health Plan MN Corporation comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex.

Spanish – ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de ayuda con el idioma. Llame al **(800) 362-3310 (TTY: 711)**.

Hmong – LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau **(800)362-3310 (TTY:711)**.