Out-of-Network Behavioral Health Care Travel Reimbursement Request Form- Illinois

Quartz
2650 Novation Parkway • Madison, WI 53713
(800) 362-3310 or TTY 711 • Fax (608) 643-2564
QuartzBenefits

Quartz may provide reimbursement for travel-related food, lodging, and mileage expenses necessary for members to receive covered behavioral health care treatment when in-network care is not available, and the member has received an approved exception to see care out-of-network. This form must be received by Quartz no later than 60 days from the last date of the behavioral health care treatment for which travel was undertaken.

I. MEMBER INFORMATION

PATIENT INFORMATION

Member ID Number		
Last Name	First Name	Date of Birth *(mm/dd/yyyy)* ____/____/_____

SUBSCRIBER INFORMATION

Subscriber ID Number		
Last Name	First Name	Date of Birth *(mm/dd/yyyy)* ____/____/_____

II. MEDICAL TREATMENT INFORMATION

Reason for travel:	
Date(s) of Travel ____/____/_____ – ____/____/_____	Clinic / Facility Name

III. COMPANION TRAVEL

Did you have a companion for this travel? Yes or No	Name of Companion

IV. TRAVEL INFORMATION

Date(s) of Travel ____/____/_____ – ____/____/_____	Home Address
Clinic Name	Clinic Address
Total Mileage	

V. DOCUMENTATION

For Quartz to process your claim, you must complete this reimbursement form (including signature and date(s)) and attach ALL the following pieces of documentation.

Proof of payment

- Receipt for Service from the Hotel/Lodging that indicates: 1. Date(s) of Stay, 2. Name of Hotel/Lodging, 3. Amount Paid
- Receipt for Transportation costs (i.e. coach airfare, bus/rail fare) that indicates: 1. Date(s) of Travel, 2. Traveler Name, 3. Transportation Name/Service, 4. Amount Paid
- Receipt for Parking costs that indicates: 1. Date(s) of Parking Fee, 2. Amount Paid
- Receipt for Travel-related toll costs that indicates: 1. Date(s) of Tolls, 2. Amount Paid

Toll	NA	6/28/2026	$2.00
Hotel	Hampton Inn	6/28/2026	$100.00
Airplane Ticket	American Airlines	6/28/2026 & 6/29/2026	$500.00
Parking	Toll	6/28/2026	$10.00

Type of Charge	Company Name	Date(s) of Charge	Total Amount Paid

By signing this form, I attest that the travel-related expenses described above were incurred for care that was not able to be obtained within 100 miles of the participant's home. The behavioral health care treatment was for myself (or my dependent who is under age 18). I understand that if I submit false receipts or fraudulently altered documents, I may be disenrolled from my Quartz health plan and/or subject to civil or criminal penalties.

Signature: _____ Date ____/____/_____

(parent/guardian if child)

VI. IMPORTANT INFORMATION

- Covered travel is only eligible for reimbursement upon receipt of the notice of potential eligibility letter from Quartz. This letter will be sent only if:
  - Medically necessary behavioral health care is not available within the Quartz network; and,
  - The requested treatment is covered by Quartz; and,
  - The procedure or service date was 1/1/2026 or later; and,
  - The approved out-of-network care was received within the state of Illinois and within 100 miles of the member's home. However, if out-of-network care was not available within those limits, Quartz may also provide reimbursement for further travel if you were not able to find a provider that met that criteria and had an available appointment within 10 business days.
- Travel will only be reimbursed for the day prior to the service/treatment through the day after the service/treatment.
- Food and lodging will be based on the United States General Services Administration prevailing *per diem* rates for the applicable year.
- Mileage will be based on the IRS self-employed/business standard mileage rates for the applicable year.
- *HSA Compatibility:* Travel-related benefits are subject to IRS health savings account (HSA) compliance requirements. Reimbursement of costs will only be provided on HSA-eligible High Deductible Health Plans after the minimum annual deductible has been met.
  - If the deductible has not been met, eligible travel-related costs will apply towards the annual deductible and out-of-pocket limits as "In-Network" expenses, meaning your reimbursement may be reduced due to the amount you should have paid as cost-sharing.
  - Once the deductible amount has been met, any remaining travel-related expenses will be reimbursed at 100%.
- This form must be filed within 60 days from the last date of the behavioral health care treatment for which travel was undertaken.
- Quartz processes claims within 30 days of receipt. The reimbursement check will be made out to and sent to the subscriber of the health plan.
- If submitting for a member who is under 18 years old, this form must be signed by a parent or guardian.

Once completed and the appropriate documentation is attached, please fax this form and documentation to (608) 643-2564 or mail to:

Quartz
Attn: Claims
P.O. Box 211221
Eagan, MN 55121