

Important information about your rights

You have additional rights when Quartz has denied your formulary exception request. Complete the information below. **Failure to fill out all information will cause a delay in processing.**

Submission information			
Name of patient:			
Person submitting request (if not patient):			
Check one (if not patient): <input type="checkbox"/> Prescriber <input type="checkbox"/> Authorized representative			
If the person submitting the request is NOT the patient or the prescriber, the patient must give authorization by signing here:			
Contact information of the person submitting the request (if different from the patient)			
Address:			
Daytime phone:		Email:	
Decision review information			
Is this urgent? <input type="checkbox"/> Yes, this is urgent (patient health is in serious jeopardy or has uncontrolled pain) <input type="checkbox"/> No, this does not qualify as urgent			
Briefly describe why you disagree with this decision. For standard or urgent requests, you may attach additional information, such as a physician's letter or medical records, to support your claim.			
Choose option 1, 2, or both			
1	Do you want to request an external review of the denied formulary exception request?	<input type="checkbox"/> Yes <input type="checkbox"/> No	This request goes to an external vendor, who will make a decision within 72 hours (for a standard request) . They will either agree with Quartz's decision (uphold) or disagree (overturn).
2	Do you want to file a written grievance of the denied formulary exception request with Quartz?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Quartz will provide a response within 30 days (for a standard request) .
Submit form for review			

Return the completed form and a copy of your denied formulary exception request using one of the below options:

Mail: Attn: Appeals Specialists
Quartz
2650 Novation Pkwy
Fitchburg, WI 53713

Email: AppealsSpecialists@QuartzBenefits.com
Fax: (608) 644-3500

Please keep copies of this form, your denied formulary exception request, and all documents and correspondence related to this issue.

What if I need help understanding this denial?

Contact us at QuartzBenefits.com or call **(800) 362-3310** if you need assistance understanding this notice or our decision to deny your formulary exception request.

What if I don't agree with this decision?

You have a right to file an external review or grieve the decision to deny your formulary exception request (or both). Refer to the "Complaint, Grievance and Appeal Procedure" section in your Certificate of Coverage. You have four (4) months from the date of denial to file an external review, and 180 days from the date of denial to file an appeal. If you need assistance figuring out which section this is, call Quartz Customer Success at **(800) 362-3310**.

How do I file an external review?

Complete the form on the prior page, checking "Yes" in response to option 1. Make a copy of the form and your denied formulary exception request and send these documents to Quartz.

Mail: Attn: Appeals Specialists	Email: AppealsSpecialists@QuartzBenefits.com
Quartz	Fax: (608) 644-3500
2650 Novation Pkwy	
Fitchburg, WI 53713	

How do I file a grievance?

Complete the form on the prior page, checking "Yes" in response to option 2. Make a copy of the form and your denied formulary exception request and send these documents to Quartz.

Mail: Attn: Appeals Specialists	Email: AppealsSpecialists@QuartzBenefits.com
Quartz	Fax: (608) 644-3500
2650 Novation Pkwy	
Fitchburg, WI 53713	

Other resources to help you: For questions about your rights, this notice, or assistance, you can contact: Office of the Commissioner of Insurance, Complaints Department, P.O. Box 7873, Madison, WI 53707-7873, or if coverage is group health plan coverage, contact the Employee Benefits Security Administration at **(866) 444-EBSA (3272)**.

What if my situation is urgent?

If your situation meets the definition of "urgent" under the law, your external review will be conducted within 24 hours, and the review of your grievance will be conducted within 72 hours under state law. 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 request. If you believe your situation is urgent, you may request an expedited review by calling us at **(800) 362-3309**, prompt #6, by emailing your request to AppealsSpecialists@QuartzBenefits.com, or by faxing it to **(608) 644-3500**. You can also answer "Yes, this is urgent" on the form on the prior page. You have four (4) months from the date of denial to file an external review, and 180 days from the date of denial to file an appeal. An expedited external review can occur at the same time as an urgent appeal.

Who may file an external review or grievance?

You, or someone you name to act for you (your authorized representative), may file on your behalf. You can be represented by anyone you choose, including an attorney. To name an authorized representative for the appeals process, sign the form on the previous page, fill out an appointment of authorized representative for appeal form at QuartzBenefits.com, or call **(800) 362-3310**.

What happens next?

If you answered "Yes" in response to option 1 on the prior page, an external review of your denied formulary exception request will be conducted. The reviewer's decision will be binding on you and Quartz. If your request continues to be denied, you have no further rights.

If you answered "Yes" in response to option 2 on the prior page, an independent review of your denied formulary exception request will be conducted by individuals at Quartz not involved in the previous decision. If we continue to deny the coverage, you may be offered additional rights for external review.