



## Important Information about Your Rights

You have additional rights when your Formulary Exception Request has been denied by Quartz. See steps 1 – 5 below.

**1. Do you want to request an External Review of the denied Formulary Exception Request?**  Yes  No

This request goes to an external vendor who will make a decision within 72 hours. 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?**  Yes  No

A response will be provided by Quartz within 30 days, or sooner, depending on the state where your policy was issued.

### 3. Complete the information below:

Name of Patient: \_\_\_\_\_

Person Submitting Request (if not Patient): \_\_\_\_\_

Check one:  Prescriber  Authorized Representative

Contact Information of Person Submitting Request (if different from Patient)

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Regarding the denied Formulary Exception Request, is the patient’s health in serious jeopardy, or are they experiencing pain that is not controlled?  Yes, this is Urgent  No, this does not qualify as Urgent

If the person submitting the request is NOT the patient or the prescriber, the patient must give authorization by signing here:

\_\_\_\_\_

Briefly describe why you disagree with this decision. You may attach additional information, such as a physician’s letter or medical records to support your claim.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 4. Send this form and a copy of your denied Formulary Exception Request to:

Mail: Quartz  
Attn: Appeals Specialists  
840 Carolina Street  
Sauk City, WI 53583

Email: [AppealsSpecialists@QuartzBenefits.com](mailto:AppealsSpecialists@QuartzBenefits.com)

Fax: (608) 644-3500

**5. 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. If you need assistance figuring out which section this is, call Quartz Customer Service at (800) 362-3310.

**How do I file an external review?**

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

Mail: Quartz  
Attn: Appeals Specialists  
840 Carolina Street  
Sauk City, WI 53583

Email: [AppealsSpecialists@QuartzBenefits.com](mailto:AppealsSpecialists@QuartzBenefits.com)

Fax: (608) 644-3500

**How do I file a grievance?**

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

Mail: Quartz  
Attn: Appeals Specialists  
840 Carolina Street  
Sauk City, WI 53583

Email: [AppealsSpecialists@QuartzBenefits.com](mailto:AppealsSpecialists@QuartzBenefits.com)

Fax: (608) 644-3500

**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 or another timeline provided 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, emailing your request to [AppealsSpecialists@QuartzBenefits.com](mailto:AppealsSpecialists@QuartzBenefits.com), or faxing it to (608) 644-3500. You can also answer "Yes, this is Urgent" on the form on the prior page.

**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. To name an authorized representative for the appeals process, sign the form on the previous page, request 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 step 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 step 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.