

# Important Information about Your Appeal Rights

**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 you a service or coverage.

**What if I don't agree with this decision?** You have a right to appeal any decision not to provide or pay for an item or service (in whole or in part). There is no time limit to file an appeal. Refer to the "Appeal & External Review Procedures" 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 appeal?** Complete the bottom of this page, make a copy and send this document to Quartz, Attn: Appeals Specialists, 840 Carolina Street, Sauk City, WI 53583; email AppealsSpecialists@QuartzBenefits.com; or fax to (608) 644-3500. For non-urgent appeals, Quartz may take up to 30 days after receipt of the request to render a decision. See also the "Other resources to help you" section of this form for assistance filing a request for an appeal.

**What if my situation is urgent?** If your situation meets the definition of urgent under the law, your review will be conducted within 72 hours of receipt of your appeal. 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 appeal. If you believe your situation is urgent, you may request an expedited appeal by calling us at (800) 362-3309, Prompt #6, emailing your request to AppealsSpecialists@QuartzBenefits.com or faxing it to (608) 644-3500.

**Who may file an appeal?** You or someone you name to act for you (your authorized representative) may file an appeal. To name an authorized representative for the appeals process, request an Appointment of Authorized Representative for Appeal Form at QuartzBenefits.com or calling (800) 362-3310.

**Can I provide additional information about my claim?** Yes, you may supply additional information. Send the information to Quartz, Attn: Appeals Specialists, 840 Carolina Street, Sauk City, WI 53583.

**Can I request copies of information relevant to my claim?** Yes, you may request copies (free of charge). If you think a coding error may have caused this claim to be denied, you have the right to have billing and diagnosis codes sent to you, as well. You can request copies of this information by contacting us at QuartzBenefits.com or calling (800) 362-3310.

**What happens next?** If you appeal, we will review our decision and provide you with a written determination. An independent review of your appeal will be conducted by individuals not involved in the previous decision. If we continue to deny the payment, coverage, or service requested or you do not receive a timely decision, you may be able to request an external review of your claim by an independent third party, who will review the denial and issue a final decision. If this organization decides to overturn our decision, we will provide coverage or payment for your health care item or service.

**Other resources to help you:** For questions about your rights, this notice, or for assistance, you can contact the Iowa Insurance Division, a state agency that enforces Iowa's insurance laws, and you may file a complaint. You can contact the Iowa Insurance Division by writing to: Iowa Insurance Division, Market Regulation Bureau, 601 Locust St. 4<sup>th</sup> Floor, Des Moines, IA 50309 or call (515) 281-6348 or toll-free at (877) 955-1212, or via email at iid.marketregulation@iid.state.ia.us to request a complaint form.

**External Review:** You may also begin an external review at the same time as the internal appeals process if it is an urgent situation or you are in an ongoing course of treatment. A written request for an external review must be submitted within four months of our notice containing an adverse determination or a final adverse determination. You can contact the Iowa Insurance Division to request an external review by: writing to Iowa Insurance Division, Market Regulation Bureau, 601 Locust St. 4<sup>th</sup> Floor, Des Moines, IA 50139; calling (515) 281-6348 or toll-free at (877) 955-1212; or emailing iid.marketregulation@iid.state.ia.us.

You may have the right to bring a civil action under ERISA Sec. 502(a) if your claim is denied in whole or in part. However, you must first exhaust your rights to an appeal under the plan before you have any right under ERISA to sue. If you are filing an appeal, your appeal must be submitted within 180 calendar days from the date you received written notice of the claim decision as required under ERISA.

## Appeal Filing Form

Name of person filing appeal: \_\_\_\_\_

Check one:  Covered person  Patient  Authorized Representative

Contact information of person filing appeal (if different from patient):

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

Daytime phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you requesting an urgent appeal (is your health in serious jeopardy or are you experiencing pain that is not controlled)?  Yes  No

If the person filing the appeal is NOT the patient, 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, bills, medical records or other documents to support your claim).

\_\_\_\_\_

\_\_\_\_\_

- Send this form and your Adverse Benefit Determination to: Quartz, Attn: Appeals Specialists, 840 Carolina Street, Sauk City, WI 53583
- Keep copies of this form, your Adverse Benefit Determination, and all documents and correspondence related to this claim.