

Quartz Medicare Advantage (HMO) Quartz® CashCard Reimbursement Form



Please use your Quartz® CashCard to buy eligible items and services. If you don't use your card to pay for a fitness membership or rides to medical appointments, you may fill out this form to request reimbursement of your payment. Approved purchases are automatically paid up to your card's balance (see your Evidence of Coverage, Chapter 4, Medical Benefit Chart).

I. Member information

Patient information

Member ID number		
Last name	First name	Date of Birth (mm/dd/yyyy) ___/___/_____

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. Anyone who misrepresents or falsifies essential information requested by this form may upon conviction be subject to fine and imprisonment under Federal law.

Signature: _____ Date: ____/____/_____

If you cannot sign your name, mark an (X) on the signature line. Have a witness sign his/her name next to the "X" and complete the section below. If signing this form on behalf of a Medicare patient, on the 'Signature of Patient' line above, indicate the patient's name followed by "By" and sign your name. Provide your name and relationship to the patient with a brief explanation why the patient cannot sign.

II. Documentation

You can get reimbursed up to your benefit maximum for a fitness membership or rides to routine medical appointments from Uber, Lyft, and general taxis with proof of payment. Please fill out the below for the item you're requesting reimbursement for.

	Date of ride or purchase	Name of ride company or fitness center	Type of purchase	Amount paid (\$)
Example	01/25/2023	Anytime Fitness	Fitness membership	50
1	___/___/_____			
2	___/___/_____			
3	___/___/_____			

III. How to submit for reimbursement

To be reimbursed for payment, mail the completed form and proof of payment or receipt to:

Quartz Medicare Advantage (HMO)
Attn: Claims – CashCard Reimbursement
P.O. Box 211221
Eagan, MN 55121

Please note:

- Forms submitted without the necessary information and/or proof of payment will be denied.
- Reimbursement forms must be submitted by January 31 for purchases made in the previous year to be eligible for reimbursement.
- Allow 30 days for each reimbursement request to be processed.
- Reimbursement(s) are sent monthly, depending on eligible dates of coverage.

IV. 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. Limitations, copayments, and restrictions may apply. Benefits and/or copayments/ coinsurance may change on January 1 of each year.

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)**.