

Quartz Medicare Advantage Member Claim Form



Quartz Medicare Advantage (HMO)
840 Carolina Street • Sauk City, WI 53583-1374
(800) 394-5566 or TTY 711 • Fax (608) 643-2564
QuartzBenefits.com/MedicareAdvantage

Please complete this form if you have paid for covered medical services (excluding rides to routine medical appointments, dental, and fitness memberships) and the provider WILL NOT be submitting claims to Quartz Medicare Advantage (HMO).

This includes services you may have received in a foreign country. *You need to complete all sections of this form and provide the appropriate documentation in order for us to process your claim for reimbursement.* To submit requests for your rides and fitness membership reimbursements, go to the Quartz® CashCard portal in your MyChart account at QuartzMyChart.com.

I. MEMBER INFORMATION

PATIENT INFORMATION

Last Name:	First Name:	MI:
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SUBSCRIBER INFORMATION

Member ID Number:		
Last Name:	First Name:	MI:
Street Address (please include apartment number):		
City:	State:	ZIP Code:
Home Phone Number:	Work Phone Number:	Date of Birth (MM/DD/YYYY):

II. DOCUMENTATION

In order for Quartz Medicare Advantage to process your claim, you must complete this reimbursement form and attach ALL of the following pieces of documentation:

▶ **Itemized Bill of Services from the Provider or Primary Insurance Explanation of Benefits (if applicable)**

From the provider/insurer that indicates:

- Date of Service
- Procedure Codes
- Diagnosis Codes
- Amount Billed
- Amount Paid
- Copy of all documents received from foreign providers (if applicable)

▶ **Proof of Payment**

If paid by:

- *Check* – submit a copy of cancelled check(s), front and back
- *Credit card* – submit a copy of the original credit card receipt, emailed Square receipt or the credit card statement showing charges (blackout all other information on the credit card statement)
- *Cash* – receipt on provider letterhead showing paid cash, including amount billed and paid

Important: If the amount on the Itemized Bill of Services **does not match** the Proof of Payment, you must explain why before we can provide reimbursement.

DATE OF SERVICE	PLACE OF SERVICE	DESCRIPTION OF SERVICE	AMOUNT BILLED	AMOUNT PAID
	For example: Urgent Care, Emergency Room, Office Visit, Inpatient Stay, etc.			
1.				
2.				
3.				
4.				
5.				
6.				

IMPORTANT INFORMATION

- ▶ Do not file prescriptions on this form.
- ▶ Complete a separate form for each covered family member.
- ▶ Do not file a claim if the provider is filing for the same services. (Please note: if the provider is contracted with Quartz Medicare Advantage, reimbursement will be paid to the provider and the member is responsible for getting reimbursement from the provider.)
- ▶ Claims must be filed within 12 months from the date of service or they will be denied.
- ▶ Quartz Medicare Advantage processes claims within 30 days of receipt. The reimbursement check will be made out to and sent to the policyholder of the health plan.

Once completed and the appropriate documentation is attached, mail to:

**Quartz Medicare Advantage
 Attention: Claims Dept.
 840 Carolina Street
 Sauk City, WI 53583**

Multi-Language Insert

Multi-Language Interpreter Services

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-394-5566 (TTY: 711).

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-394-5566 (TTY: 711).

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-394-5566 (TTY : 711)。

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-394-5566 (TTY: 711).

Arabic: ملاحظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية المجانية متاحة من أجلك، يُرجى الاتصال على الرقم 1-800-394-5566 (TTY : 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-394-5566 (телетайп: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-394-5566 (711)번으로 전화해 주십시오.

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-394-5566 (TTY: 711).

Pennsylvania Dutch: Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-394-5566 (TTY: 711).

Laotian: ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-394-5566 (TTY: 711).

French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-394-5566 (ATS : 711).

Amharic: ማሳሰቢያ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በ18 ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-800-394-5566 (መስማት ለተሳናቸው: 711)።

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-394-5566 (TTY: 711) पर कॉल करें।

Serbo-Croatian: OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-394-5566 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-394-5566 (TTY: 711).

NOTICE OF NONDISCRIMINATION

Quartz Medicare Advantage (HMO) is the marketing name operating under the entities of Quartz Health Plan Corporation and Quartz Health Plan MN Corporation. These companies are separate legal entities. In this notice, “we” refers to these companies. We comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex.

- We provide free aids and services to people with disabilities to communicate effectively with us, such as –
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- We provide free language services to people whose primary language is not English, such as –
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Customer Service at **(800) 362-3310**.

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with –

Kristie Meier, Compliance Officer; 840 Carolina Street, Sauk City, WI 53583
Phone: (800) 362-3310; TTY: 711 or toll free (800) 877-8973; Fax: (608) 644-3500
Email: AppealsSpecialists@QuartzBenefits.com

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, Kristie Meier, Compliance Officer, is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf or by mail or phone at –

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F HHH Building
Washington, D.C. 20201
(800) 368-1019; (800) 537-7697 (TDD)

Complaint forms are available at hhs.gov/ocr/office/file/index.html.

