

Clinic-Administered Medication Prior Authorization Request Form



Prior to completing this form, call a Quartz Champion at **(800) 394-5566** or **TTY: 711**, to verify benefits and eligibility for the member. Services are not considered authorized until a determination of coverage is completed by Quartz.

Quartz Medicare Advantage (HMO)
2650 Novation Pkwy • Madison, WI 53713
(800) 394-5566 • Fax (608) 881-8398
QuartzBenefits.com/MedicareAdvantage

Complete and send to us by:

- **MyQuartzTools.com**
- Mail: Quartz Medicare Advantage Pharmacy Program
2650 Novation Pkwy, Madison, WI 53713
- Fax: (608) 881-8398

Date completed: _____

Member information (please print)

Name:	Quartz Medicare Advantage member ID number:	Date of birth:
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Diagnosis

Services requested:

HCPCS / CPT Codes:

Provider Information (please print)

Requesting provider:

Facility where services will be performed:

Address:

Provider phone:

Fax:

Reason for request (be as specific as possible)

Supporting medical documentation attached? (Check one.) Yes No Number of pages _____

REQUEST FOR EXPEDITED REVIEW: By checking this box and signing below, I certify that applying the standard time for making a determination could seriously jeopardize the life or health of the member or the member's ability to regain maximum function.

Provider signature: _____ Date: _____

You can reach a Quartz Champion at **(800) 394-5566 (TTY: 711)**, Monday through Friday from 8 a.m. to 8 p.m. From October 1 through March 31, we are available daily from 8 a.m. to 8 p.m.