

# Member Claim Form



840 Carolina Street • Sauk City, WI 53583-1374  
(800) 362-3310 • Fax (608) 643-2564  
QuartzBenefits.com

If you have paid for covered medical services and the provider **WILL NOT** be submitting claims to Quartz, please complete this form. This includes services you may have received in a foreign country. *All sections of this form and the appropriate documentation must be provided for Quartz to process for reimbursement.*

## IMPORTANT INFORMATION

- ▶ Do not file prescriptions on this form. Visit QuartzBenefits.com/memberforms and choose the Downloadable Forms tab for access to a Prescription Claim Form (Direct Member Reimbursement Form).
- ▶ Complete a separate form for each covered family member.
- ▶ Do not file a claim if the provider is filing for the same services. (Note: if the provider is contracted with Quartz, reimbursement will be paid to the provider and the member is responsible for getting reimbursement from the provider.
- ▶ Claims typically must be filed within 12 months from the date of service or as otherwise required by your Certificate of Coverage or benefit brochure. Claims not filed within the time frame must have proof that timely filing was prevented by administrative operations of government or legal incapacity.
- ▶ Quartz processes claims within 30 days of receipt. The reimbursement check will be made out to and sent to the policyholder of the health plan.

## SECTION 1: MEMBER INFORMATION

### PATIENT INFORMATION

Last Name	First Name	M.I.
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### SUBSCRIBER INFORMATION

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

## SECTION 2: DOCUMENTATION

In order for us to process your claim, you must complete this reimbursement form and attach **ALL** of the following pieces of documentation –

▶ **Itemized Bill of Services 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)

continued ▶

**SECTION 2: DOCUMENTATION** continued

▶ **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.

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

Once completed and the appropriate documentation is attached, fax this form and documentation to (608) 644-2006 or mail to –

**Quartz**  
**840 Carolina Street**  
**Sauk City, WI 53583**

