

Quartz Prior Authorization Request Form



Please complete the entire form and submit it to Quartz for review. We will return any incomplete forms to the requester. Determinations are made within 15 calendar days of receipt for non-urgent pre-service decisions and within 30 calendar days of receipt for post-service decisions.

Please note: Do not use for Behavioral Health Care Management.

Call: **(800) 683-2300** for Behavioral Health Prior Authorization.

Mail or fax the completed form to:

Medical Management

2650 Novation Parkway • Fitchburg, WI 53713

(800) 897-1923 (TTY: 711) • Fax (608) 821-4207

Date requested
____/____/____

Patient information

Patient name:	Date of birth:	Member number:	Date of service:
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Referral information

From

Referred from:	<input type="checkbox"/> Patient's request
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Clinic contact:	Phone number:
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Site/location:	Fax:
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To

Referred to:

Clinic contact:	Phone number:
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Site/location:	Fax:
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Services requested

Consult only
 Follow-up
 DME
 Lab
 X-ray
 Home care/Hospice
 Therapy
 ____ST ____PT ____OT
 Surgery
 ____Inpatient ____Outpatient
 Description:

Primary diagnosis code:	Description:
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Procedure/HCPCS code(s):	Description:
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Comments (indications for referral to a specialist):

Note: This referral does not guarantee payment for services. Benefits will be determined in accordance with the policy terms in effect on the date of service. Please refer to the Policy documents (e.g. Certificate of Coverage, Benefit Riders) for a complete description of plan benefits, limitations, and exclusions.

Questions?

We're here to help. Call Quartz Customer Success at **(800) 897-1923** (toll-free) or **(608) 881-8271** (local) if you have any questions about this referral.