Participant claim reimbursement form

Medical

(866) 624-6261
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 on behalf of your Plan.***

I. Participant information

Patient information

Last name:	First name:	MI:

Participant information

Participant # (from your Quartz ID card):

Last name:	First name:	MI:

Street address (please include apartment number):

City:	State:	Zip code:

Home phone:	Work phone:	Date of birth (mm/dd/yyyy):

II. 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)

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 (black out 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 process 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					

III. Important information

- Do not file prescriptions on this form. If you have Pharmacy Benefits as part of your coverage, please visit **QuartzBenefits.com** for a Direct Participant 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. (Please note: If the provider is contracted with Quartz, reimbursement will be paid to provider and participant is responsible for getting reimbursement from the provider.)
- Claims typically must be filed within 12-15 months from the date of service or as otherwise required by your Plan Document and Summary Plan Description. Failure to file in that timeline may result in denied claims.
- Quartz processes claims within 30 days of receipt. The reimbursement check will be made out to and sent to the health plan policyholder.

Once completed and the appropriate documentation is attached, return the form and documentation using one of the below options:

Email: **ANavarino@magnacare.com** or **DTorre@magnacare.com**

Mail: Quartz Align
c/o Brighton Health Plan Solutions
P.O. Box 1001
Garden City, NY 11530