

# Full Time Student/Dependent Out-of-Network Request Form



Members are responsible for obtaining prior-authorization before seeking out-of-network care. Customer Success will review each request to ensure eligibility criteria are met, before entering an authorization for out-of-network care. Customer Success does not do a medical necessity review or check for policy exclusions.

Please complete the entire form and submit it to Quartz. We will return incomplete forms to the requester. Determinations are made within 15 calendar days of receipt. You will be notified of the determination by phone or email.

**Please note: Do not use this form for Behavioral Health Care or Urgent/Emergent services.**

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

Call **(800) 362-3310 (toll-free)** or **(608) 644-3430 (local)** for reporting out-of-network Urgent/Emergent care

Mail or fax the completed form to:

Customer Success

2650 Novation Parkway • Fitchburg, WI 53713

Email: [CustomerService@Quartzbenefits.com](mailto:CustomerService@Quartzbenefits.com) Fax: 608-644-3544

Date requested
____/____/____

## Member information

Name:	Date of birth:	Member number:	Date(s) of service:
Current address:	Email address:	Phone number:	

## Eligibility information

- ☐ I am a full-time student attending college at an accredited (in-person) school **outside** of the Quartz service area. The Quartz service area consists of specific counties within Wisconsin, Minnesota, Illinois, and Iowa. If you're unsure, please contact Customer Success.

Name and location of school:	Anticipated graduation or transfer date: ____/____/____
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- ☐ I am a dependent living outside of the Quartz service area and will be residing here for at least 3 months of this calendar year.

Address and how long you have resided at this location.:

- ☐ Both of the above apply (I am a full-time student AND a dependent living outside of the Quartz service area for at least 3 months of this calendar year).

This will be ☐ a one-time visit ☐ ongoing treatment

## Services requested

- ☐ PCP office visit ☐ Specialist office visit ☐ DME ☐ Lab ☐ X-ray ☐ Home care/Hospice ☐ \_\_\_\_ST \_\_\_\_PT \_\_\_\_OT  
☐ Inpatient surgery ☐ Outpatient surgery ☐ Ultrasound/MRI/CT/PET ☐ Preventive care ☐ Behavioral Health ☐ Other

Primary diagnosis or chief complaint:

Rendering provider (list name and address of the facility and individual providers, if applicable):

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Additional information:

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*Note: The approval of this request 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. If services from the out-of-network provider are authorized, benefits will be calculated based on the usual, customary and reasonable charge, which may be less than the billed charge. You are responsible for amounts charged by the out-of-network provider that exceed the usual, customary and reasonable charge.*

## Questions?

We're here to help. Call Quartz Customer Success at **(800) 362-3310** (toll-free) or **(608) 644-3430** (local) if you have questions about this request.



## Notice of Non-Discrimination and Availability of Language Assistance Services and Auxiliary Aids and Services

Quartz is the brand name for a group of companies committed to your health: Quartz Health Benefit Plans Corporation, Quartz Health Insurance Corporation, Quartz Health Plan Corporation, and Quartz Health Plan MN Corporation. These companies are separate legal entities. In this notice, "we" refers to all Quartz companies.

For assistance understanding these materials in a language other than English, call (800) 362-3310, and a Customer Success representative will assist you. TTY users should call 711 or (800) 877-8973.

We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex (includes sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity; and sex stereotypes). Quartz does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

We provide reasonable modifications and free appropriate auxiliary aids and services to people with disabilities to communicate effectively with us and to participate in health programs or activities, 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 Success at (800) 362-3310.

If you believe we 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–

Chief Compliance Officer  
2650 Novation Parkway  
Fitchburg, WI 53713  
Phone: (800) 362-3310  
TTY: 711 or toll-free (800) 877-8973  
Fax: (608) 644-3500  
Email: [AppealsSpecialists@QuartzBenefits.com](mailto:AppealsSpecialists@QuartzBenefits.com)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Chief 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](https://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](https://hhs.gov/ocr/office/file/index.html). Quartz is a Qualified Health Plan issuer in the Health Insurance Marketplace® in certain states. To learn more, visit the Health Insurance Marketplace® at [HealthCare.gov](https://HealthCare.gov).

**ATTENTION: Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call (800) 362-3310, TTY: 711 / (800) 877-8973.**

**Spanish** – ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al (800) 362-3310. TTY: 711 / (800) 877-8973 o hable con su proveedor.

**Chinese** – 注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 (800) 362-3310. TTY: 711 / (800) 877-8973 或咨询您的服务提供商。

**Hmong** – LUS CEEV TSHWJ XEEB: Yog hais tias koj hais Lus Hmoob muaj cov kev pab cuam txhais lus pub dawb rau koj. Cov kev pab thiab cov kev pab cuam ntxiv uas tsim nyog txhawm rau muab lus qhia paub ua cov hom ntaub ntawv uas tuaj yeem nkag cuag tau rau los kuj yeej tseem muaj pab dawb tsis xam tus nqi dab tsi ib yam nkaus. Hu rau (800) 362-3310. TTY: 711 / (800) 877-8973 los sis sib tham nrog koj tus kws muab kev saib xyuas kho mob.

**Russian** – ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону (800) 362-3310. TTY: 711 / (800) 877-8973 или обратитесь к своему поставщику услуг.

**Vietnamese** – LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số (800) 362-3310. TTY: 711 / (800) 877-8973 hoặc trao đổi với người cung cấp dịch vụ của bạn.

**Laotian** – ຄຳທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ (800) 362-3310. TTY: 711 / (800) 877-8973 ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

**German** – ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie (800) 362-3310. TTY: 711 / (800) 877-8973 an oder sprechen Sie mit Ihrem Provider.

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