

Provider Participation Request



Thank you for your interest in becoming a Quartz participating provider. Your application will be evaluated for participation in all Quartz affiliated networks.

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

Quartz requires network providers to be Medicaid and/or Medicare certified.

Facility Information			
Legal Entity Name:	Name of d/b/a (if applicable):		
Tax ID Number:	Website:		
Phone Number:	Fax Number:		
Mailing Address:	City:	State:	ZIP Code:
Primary Contact Information			
Primary Contact Full Name:	Phone:	Email:	
General Information			
Total Number of Locations:	Medicare Certified Facility:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Total Number of Practitioners:	Medicaid Certified Facility:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Facility Type:	<input type="checkbox"/> Hospital <input type="checkbox"/> Clinic <input type="checkbox"/> Nursing Home <input type="checkbox"/> Surgery Center <input type="checkbox"/> Behavioral Health Inpatient/Residential <input type="checkbox"/> ACA Essential Care Provider <input type="checkbox"/> Other _____		
Practice Specialties			
<input type="checkbox"/> PCP <input type="checkbox"/> Specialty <input type="checkbox"/> Behavioral Health <input type="checkbox"/> Optometry <input type="checkbox"/> OT/PT/Speech <input type="checkbox"/> Autism <input type="checkbox"/> Dialysis <input type="checkbox"/> Other _____			Is the facility ADA accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe services you provide:			
Primary hours of operation:			
After hours/emergency call process:			
Practitioner Information			
Practitioner Name and Degree: <i>If more than 5 providers, we will gather details upon approval.</i>	Medicare #:	Medicaid #:	# Hours/Week:

Return completed form via: **Email** ProviderCommunications@QuartzBenefits.com **Fax** (608) 643-2564
Mail Quartz, Attn: Provider Relations, 840 Carolina Street, Sauk City, WI 53583