

# Prior Authorization Request Form for Medicare Part B Therapies



A prior authorization (PA) form is required if Part B therapy sessions will EXCEED the 30-visit limit. Please complete the entire form. You can check your PA status in the My Quartz Tools portal.

Quartz Medicare Advantage (HMO)  
840 Carolina Street • Sauk City, WI 53583-1374  
(800) 394-5566 or (608) 881-8738  
[QuartzBenefits.com/MedicareAdvantage](https://www.QuartzBenefits.com/MedicareAdvantage)

Complete and fax form to:

Quartz Medicare Advantage (HMO) Medical Management Department

Fax: (608) 881-8397

Date Form Completed: \_\_\_\_\_

## MEMBER INFORMATION

Member Name:	Quartz Medicare Advantage Member ID Number:
Date of Birth:	

## PROVIDER INFORMATION

Ordering Provider Name:	
National Provider Identifier (NPI) – Therapist:	
Provider Phone Number:	Provider Fax:

## FACILITY INFORMATION

Facility Name:		
Facility Phone Number:	Facility Fax:	
Date of Injury/Illness:	Date of Last Exam by Medical Provider:	Discipline Requested: <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> ST
Medical Diagnosis with Code:	Code (if different):	
Retro Request: <input type="checkbox"/> Yes <input type="checkbox"/> No	Visit Cap Met: <input type="checkbox"/> Yes <input type="checkbox"/> No	Approx. Date:
Date of Start of Care:	Number of Therapy Visits Requested:	
Total Therapy Visits Used This Episode:	Records Available in EPIC: <i>If "under glass," send records as described below.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Please provide the following:** medical provider order and copy of last clinical note (if not available in EPIC); Start of Care Evaluation, all progress notes, all daily notes and discharge summary (if applicable).

This information is available for free in other languages. Please call Customer Service at (800) 394-5566 (TTY 711), Monday through Friday from 8 a.m. to 8 p.m. From October 1 through March 31, we are also available on Saturdays and Sundays from 8 a.m. to 8 p.m.

Quartz Health Plan Corporation and Quartz Health Plan MN Corporation comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex.

**Spanish** – ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de ayuda con el idioma. Llame al (800) 362-3310, TTY 711 or toll free (800) 877-8973.

**Hmong** – LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau (800) 362-3310, TTY 711 or toll free (800) 877-8973.