

Coding Denial Appeal Form



Requests received without the required information will not be reviewed

840 Carolina Street • Sauk City, WI 53583-1374
(800) 362-3310 • Fax (608) 643-2564
QuartzBenefits.com

I. PROVIDER CONTACT INFORMATION

Provider Name:	Date:
Contact Name:	Provider Number:
Phone: () _____ Ext. _____	Email:
Fax: () _____	

I. MEMBER INFORMATION

Member Name:	Patient Account:
Claim Number:	Member Number:
Date of Service:	

INCORRECT CODING REVIEW Claims that have been returned for incorrect coding (e.g. bundling, inappropriate modifier, invalid diagnosis / CPT code). Please provide reason you believe the claim has been coded correctly below (stating that claim is coded correctly is not enough information for review):

CODING DENIAL RECONSIDERATION REQUEST An appeal will be considered when the provider sends medical records accompanied by this form and / or letter explaining what the appeal / reconsideration is in detail. Medical records alone will be placed into Member's record until written explanation of issue to be reviewed is received. Please provide explanation below:

Please send form to:

Quartz, Attn: CIU Department, 840 Carolina Street, Sauk City, WI 53583 or fax to (608) 643-2564

PLEASE FOLLOW MINIMUM NECESSARY WHEN TRANSMITTING MEDICAL RECORDS TO KEEP OUR MEMBER'S INFORMATION SECURE