

Quartz Medicare Advantage (HMO) claim adjustment/review request form



2650 Novation Parkway • Fitchburg, WI 53713
(800) 394-5566 (TTY: 711) • Fax (608) 643-2564
QuartzBenefits.com/MedicareAdvantage

I. Provider contact information		
Provider name:		Date:
Contact name:		Provider number:
Phone:	Ext:	Fax:
Email:		
II. Member information		
Member name:		Patient account number:
Claim number:		Member number:
Date of service:		
III. Coding correction/review		

Select the appropriate reason for the coding correction or review.

- | | |
|--|---|
| <input type="checkbox"/> Coordination of benefits | <input type="checkbox"/> Duplicate/not a duplicate (circle one) |
| <input type="checkbox"/> Code bundling denial | <input type="checkbox"/> Medical records requested. |
| <input type="checkbox"/> Corrected charged amount | Attn: _____ |
| <input type="checkbox"/> Corrected date of service | <input type="checkbox"/> Meets emergent care criteria |
| <input type="checkbox"/> Corrected diagnosis, procedure code, units, or modifier | <input type="checkbox"/> Proof of authorized service. Authorization number: _____ |
| <input type="checkbox"/> Corrected place of service | <input type="checkbox"/> Proof of timely filing |
| <input type="checkbox"/> Corrected provider information | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Description of unlisted/misc. code | |

IV. Submit form for adjustment/review

For Quartz Medicare Advantage (HMO) and Dual Eligible claims, send the completed form along with any necessary supporting documentation and/or a corrected claim by mail or fax to:

Mail: Quartz, Attn: Recoveries
PO Box 211221
Eagan, MN 55121

Fax: (608) 643-2564