

Your Appeal Rights

What if I need help understanding this denial? Call (800) 362-3310 if you do not understand this notice or our decision to deny you a service or coverage.

What if I don't agree with the decision? You may appeal any decision not to provide or pay for an item or service (in whole or in part). You have up to 60 days from this notice to request an appeal.

How do I file an appeal? Fill in the bottom of this page, make a copy and send it to Quartz, Attn: Appeals Specialists, 2650 Novation Pkwy. Fitchburg, WI 53713; email AppealsSpecialists@QuartzBenefits.com; or fax to (608) 644-3500. Quartz may take up to 30 days after we get your request to decide. You may attach extra information, such as a physician's letter, bills, medical records or other documents to support your claim.

Who may file an appeal? You or someone you name to act for you may file an appeal. To have someone act for you during your appeal, sign the form below or call (800) 362-3310 to request an Appointment of Authorized Representative for Appeal Form.

Can I get copies of information about my claim? Yes, you may request copies (free of charge). Simply call (800) 362-3310.

What if my situation is urgent? You have up to 60 days from this notice to request an appeal. An urgent situation is when your health may be at risk or you have pain that cannot be controlled while you wait for a decision. If your situation meets the definition of urgent under the law, your review will be conducted within 72 hours of receipt of your appeal. In this case, you may ask for an expedited appeal. Call (800) 362-3309, Prompt #6, fax (608) 644-3500 or email AppealsSpecialists@QuartzBenefits.com. You may attach extra information, such as a physician's letter, bills, medical records or other documents to support your claim.

What happens next? An independent review of your appeal will be done by someone not part of the first decision. You will be sent the new decision in the mail.

State fair hearing: If you do not like the outcome of the appeals process, you may request a state fair hearing with the Division of Hearings and Appeals (DHA). You have up to 120 days from the date of the plan decision to ask for a hearing. Send a written request to Division of Hearings and Appeals, P.O. Box 7875, Madison, WI 53707-7875.

Other resources to help you: For questions about your rights, this notice, or for help, you can contact: Forward Health Managed Care Appeals, P.O. Box 6470, Madison, WI 53716 or call (800) 760-0001.

Appeal Filing Form

Name of person filing appeal: _____

Check one: Covered person Patient Authorized Representative

Contact information of person filing appeal (if different from patient):

Address: _____

Daytime phone: _____ Email: _____

Are you requesting an urgent appeal (is your health at serious risk or are you having pain that is not controlled)?

Yes No

If the person filing the appeal is NOT the patient and the patient is not a minor OR the provider of services, the patient must give their okay by signing here: _____

Tell us why you do not agree with this decision (you may attach extra information, such as a doctor's letter, bills, medical records or other documents to support your claim).

- Send this form and your denial to: Quartz, Attn: Appeals Specialists, 2650 Novation Pkwy. Fitchburg, WI 53713 or fax to (608) 644-3500 or email to AppealsSpecialists@QuartzBenefits.com
- Keep copies of this form, your denial, and all documents and correspondence related to this claim.