



777 Woodward Ave., Suite 700
Detroit, MI 48226

1-888-437-0606
TTY: 711
mimeridian.com

Michigan Internal Appeal Form

Call 1-866-984-6462 (TTY: 711), Monday through Friday from 8 a.m. to 5 p.m., to speak with one of our representatives. We can answer any questions you may have.

If you wish to file an appeal after speaking with one of our representatives, you can file an appeal over the phone, or by completing this form and mailing it to:

Meridian
Attn: Medicaid Paper Claims
7625 N Palm Ave, Suite 107
Fresno, CA 93711

Meridian will mail you the final appeal decision within 30 days.

Please print the following information:

Member Name (Last, First, Middle Initial)	Sex	Date of Birth
Address	City, State, ZIP	
Home/Work/Cell Phone number	Medicaid ID #	
Member's Signature	Date	

Authorized Representative: You may authorize in writing any person such as your provider, lawyer, friend, parent, or spouse to represent you in the internal grievance/appeal process. Complete the information below to authorize a representative other than yourself.

Name: _____ Phone Number: () _____

Relationship to Member: _____

Address: _____ City: _____ State: _____ ZIP: _____

Authorized Representative Signature: _____

Please write a description of the appeal with as much detail as possible. Attach extra pages, if needed.
