



1 Campus Martius, Suite 700
Detroit, MI 48226

888-437-0606
TTY: 711
mimeridian.com

Michigan Internal Appeal Form

Call 866-984-6462 Monday - Friday 9:30 a.m. to 6 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 Pharmacy Department
Attn: Appeals Coordinator
1 Campus Martius, Suite 750
Detroit, MI 48226

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

Member Name (Last, First, Middle Initial)	Male/Female	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: _____ State: _____ Zip: _____



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Authorized Representative Signature:



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