1 Campus Martius, Suite 700
Detroit, MI 48226

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mimeridian.com

MERIDIAN – PHARMACY AUTHORIZED REPRESENTATIVE DESIGNATION

To have someone else act on your behalf in an appeal, complete and return this form. The person listed will be accepted as your authorized representative. We are unable to speak with anyone on your behalf unless this form is completed, signed, and returned to us.

MeridianRx
Appeals Coordinator
1 Campus Martius, Suite 750
Detroit, MI 48226
Fax: 855-580-1695

1. I hereby authorize the following person to act on my behalf in the filing and processing of my appeal with MeridianRx:

Name of Authorized Representative

2. Brief description of the service and date(s) (if applicable) for which the Authorized Representative will be acting on your behalf:

3. Address of Authorized Representative

Street Address or PO Box Apt #

City State Zip Code

( ) ( )

Phone Number: Daytime Phone Number: Evening

4. Member Signature

Printed Name of Member (or legal representative)* Date

Signature of Member (or legal representative)* Date

* Relationship if other than the Member:

☐ Parent ☐ Guardian ☐ Conservator ☐ Other – Please Specify

Please note you may revoke this authorization at any time.