Member MI Meridian Over the Counter COVID-19 Reimbursement Form

This form may be used for MI Meridian.
Important: Complete a separate Member Reimbursement Claim Form for each member asking for reimbursement for coverage of Over the Counter COVID-19 Tests.
To avoid processing delays, please include the following information with this form:

- Copy of itemized bill showing all services received.

Mail all documents to: MI Meridian
Claims
PO Box 8080
Farmington, MO 63640-8080

Section 1: Member information – Please complete a separate form for each person who received services.			
Last name:	First name:		MI:
Member ID #:	Date of birth (Mo./Day/Yr.): _____ /_____ /_____		
Phone #:	Email address:		
Address:	City:	State:	ZIP:

Section 2: Services received.	
Place of Purchase:	Date of Purchase:
Address of doctor and/or facility:	
Name of Test:	Amount requested to be reimbursed:

Medical information authorization and release	
I hereby authorize any physician, health care practitioner, hospital, clinic, or other medically related facility (as listed above) to furnish to Meridian Health Plan, its agents, designees, or representatives any and all information pertaining to medical treatment for purposes of reviewing, investigating or evaluating applications or claims. I also authorize Meridian Health Plan, its agents, designees, or representatives to disclose to a hospital or health care service plan, insurer or self-insurer any such medical information obtained if such disclosure is necessary to allow the processing of any claim. If my coverage is under a Group Benefit Agreement held by my employer, an association, trust fund, union, or similar entity, this authorization also permits disclosure to them to the extent necessary for utilization review or financial audit purposes. This authorization shall become effective immediately and shall remain in effect as long as Meridian Health Plan is asked to process claims under my coverage. A photostatic copy of this authorization shall be considered as effective and valid as the original. I hereby certify that the above statements are correct.	
Name of person completing form (please print):	Signature:
Date:	Relationship – description of authority to act on behalf of the member, if applicable:

Español (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 888-437-0606 (TTY: 711).

العربية (Arabic): ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 888-437-0606 (رقم هاتف الصم والبكم: 711).

繁體中文 (Chinese): 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 888-437-0606 (TTY: 711)。

Tagalog (Tagalog-Filipino): PAUNAWA: Kung nagsasalita kayo ng Tagalog, maaari kayong gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 888-437-0606 (TTY: 711).

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu quý vị nói Tiếng Việt, chúng tôi có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Xin gọi số 888-437-0606 (TTY: 711).

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 888-437-0606 (TTY: 711).

한국어 (Korean): 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 888-437-0606 (TTY: 711)로 전화해 주십시오.

Русский (Russian): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 888-437-0606 (TTY: 711).

Italiano (Italian): ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 888-437-0606 (TTY: 711).

Polski (Polish): UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 888-437-0606 (TTY: 711).

Shqip (Albanian): KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 888-437-0606 (TTY: 711).

বাংলা (Bengali): লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১ 888-437-0606 (TTY: 711)।

日本語 (Japanese): 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。888-437-0606 (TTY: 711) まで、お電話にてご連絡ください。

Srpsko-hrvatski (Serbo-Croatian): OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 888-437-0606 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711)

ܣܘܪܝܝܐ (Assyrian):: ܐܝܬ ܠܟ ܒܠܫܢܐ ܣܘܪܝܝܐ، ܐܢ ܐܢܬ ܡܬܟܠܡ ܒܠܫܢܐ ܣܘܪܝܝܐ، ܫܝܪܘܬ ܕܥܙܪܐ ܒܠܫܢܐ ܕܝܠܟ ܒܚܠܦ ܠܐ ܡܫܠܡ ܐܢ ܐܢܬ ܒܥܐ. ܠܘܩ ܠ 888-437-0606 (TTY: 711)