



Member Medical Services Reimbursement Form

Contact Meridian Medicare-Medicaid Plan (MMP) at **1-855-580-1689** (TTY: **711**), Monday-Friday, 8 a.m. to 8 p.m. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day.

How to Use This Form: Please use this form if you paid for medical services and want to be reimbursed. Use one form for each bill you paid. Please include a copy of the bill and receipt showing you paid. Also keep a copy of everything you send us for your records.

Send to: Meridian Medicare-Medicaid Plan (MMP)
Attn: Medical Reimbursement Request
1 Campus Martius, Suite 700
Detroit, MI 48226

Member Information			
Patient Name		Date of Birth	
Member Name		Member ID	
Address		City	
State	Zip Code	Phone	
PCP Who Wrote Referral		PCP number	

Provider/Billing			
Provider Name		Provider Name	
Address		Address	
Phone		Phone	
Services		Services	
Dates of Service		Dates of Service	
Total Charges	Total Paid	Total Charges	Total Paid

NOTE: Add a separate sheet for each item and supply documentation if you report more than two services.

Additional Information: Fill out all that applies		
1. Was the service an emergency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Was your primary care provider notified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No - Explain below
3. Did your primary care provider refer you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No- Explain below
If a Meridian provider did not give services, please explain why.		
Please explain why you are requesting reimbursement (attach additional sheets if needed).		

I certify that the above statements are correct

Member's Signature: _____ Date: _____



Meridian Medicare-Medicaid Plan (MMP) is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees.

ATENCIÓN: **Si habla español**, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-855-580-1689** (los usuarios de TTY deben llamar al **711**). Los representantes están disponibles para ayudarle de lunes a viernes de 8 a.m. a 8 p.m. Los fines de semana y los días feriados estatales o federales, es posible que se le solicite que deje un mensaje. Su llamada será devuelta dentro del siguiente día hábil. La llamada es gratis.

You can get this document for free in other formats, such as large print, braille, or audio. Call **1-855-580-1689** (TTY: **711**). Representatives are available Monday-Friday, 8 a.m. to 8 p.m. to assist you. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free.