

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: Claims PO Box 4020

Farmington, MO 63640-4402

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	Provider Name		
Address		Address	Address		
Phone		Phone	Phone		
Services		Services	Services		
Dates of Service		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.

☐ Yes	□ No				
☐ Yes	☐ No - Explain below				
☐ Yes	☐ No- Explain below				
If a Meridian provider did not give services,					
please explain why.					
reimbursement (attach additional sheets if needed).					
certify that the above statements are correct					
Member's Signature:					
	☐ Yes				



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.

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.