



Grievance Authorized Representative Form

1. Call **866-606-3700**, Monday through Friday, 8 a.m. to 5 p.m. to speak with one of our representatives. We can answer any questions you may have.
2. If you or someone acting on your behalf wishes to file a grievance, please complete this form and mail to:

Meridian Medicaid Plan
Attn: Grievance Coordinator
PO Box 10353
Van Nuys CA 91410-0353

3. Meridian Medicaid Plan will mail you the final grievance resolution **within 90 days**.

Please print the following info:

MEMBER INFORMATION		
Name (last, first, middle initial):	Date of Birth:	Male/Female
Address (street/city/state):		
Medicaid ID #:	Phone #:	

IMPORTANT! A signature is required.

Member Signature: _____ Date signed: _____

Authorized Representative: You may authorize in writing any person such as your doctor, lawyer, friend, parent or spouse to represent you in the internal grievance/appeal process. Complete the info below to authorize a representative other than yourself.

AUTHORIZED REPRESENTATIVE INFORMATION	
Name:	Phone #:
Relationship to Member:	
Address (street/city/state):	

IMPORTANT! A signature is required.

Authorized Representative Signature: _____

Please turn over to complete form.



Please write about your grievance with as much detail as possible. Attach extra pages if needed.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Meridian complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity).

Español (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **866-606-3700** (TTY: **711**).

Polski (Polish): UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **866-606-3700** (TTY: **711**).