

## Member Complaint Form

Complete and mail or fax to  
MeridianComplete (Medicare-Medicaid Plan)  
Appeals & Grievances/Medicare Operations  
<7700 Forsyth Blvd. | St. Louis, MO 63105>  
Fax: <1-844-273-2671>

MeridianComplete Medicare-Medicaid Plan will have a resolution to your complaint no later than 30 days of the date you submit your complaint. If we need more information and the delay is in your best interest or if you ask for more time, we can take up to 14 more calendar days (44 calendar days total) to answer your complaint. However, if we take this extension, we will notify you or your representative. We can usually help you right away or at the most within a few days. If you are making a complaint because we denied your request for a “fast coverage decision” or a “fast appeal”, we will automatically give you a “fast” complaint. If you have a “fast” complaint, it means we will give you an answer within 24 hours.

If you need any help, please call us at <1-855-323-4578> (TTY: 711), <8 a.m. to 8 p.m., seven days a week. 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>. This call is free. For more information, visit <[mmp.mimeridian.com](http://mmp.mimeridian.com)>.

Member’s Name (First and Last): \_\_\_\_\_

Medicare ID Number: \_\_\_\_\_ Member Date of Birth: \_\_\_\_\_

Relationship to Member \*(please choose one):  Self  Parent  Legal Guardian  Spouse

Other: \_\_\_\_\_

*\*If other than “Self” is selected, proof of guardianship, power of attorney or an Appointment of Representative (AOR) form will be required. The AOR form can be found on our website.*

Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Provider: \_\_\_\_\_

Complaint Type (please choose one):

Access

Service Request

- Claims Payment Issue
- Appeals
- Benefits
- Prescription Drug Request or Issue/Coverage Determination & Redetermination Process
- Customer Service
- Enrollment & Disenrollment
- Fraud & Abuse
- Marketing
- Privacy Issues
- Quality of Care

Is this complaint about your medications? (please choose one):  Yes  No

If you answered YES above, do you have enough supply for the next 7 days? (please choose one):

Yes  No

What is your complaint?

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How can MeridianComplete resolve your issue?

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What is the best way to reach you regarding this complaint? (please choose one):  Phone  Email  
 Other \_\_\_\_\_

Please provide further contact information (i.e., phone number, email address, etc).

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***For Administrative Use Only***

*Complaint Number:* \_\_\_\_\_ *Date Received:* \_\_\_\_\_

MeridianComplete is a health plan that contracts with both Medicare and Michigan 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 MeridianComplete at <1-855-323-4578> (TTY: 711), <8 a.m. to 8 p.m., seven days a week. 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.

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call <1-855-323-4578> (TTY: 711), <8 a.m. to 8 p.m., seven days a week. 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.