



1333 Burr Ridge Parkway, Suite 100
Burr Ridge, IL 60527

866-606-3700 (TTY 711)
ILmeridian.com

Authorized Representative Designation

To have someone else act on your behalf in an appeal, complete and return this form. The person listed will be accepted as your authorized representative. We are unable to speak with anyone on your behalf unless this form is completed, signed, and returned to us.

Meridian
Attn: Grievance and Appeals Dept.
PO Box 44287
Detroit, MI 48244
Fax: 833-383-1503

1. Name of Authorized Representative

I hereby authorize the following person to act on my behalf in the filing and processing of my appeal with Meridian:

2. Brief description of the service and date(s) (if applicable) for which the Authorized Representative will be acting on your behalf:

3. Address of Authorized Representative

Street Address or P.O. Box _____ Apt. # _____
City _____ State _____ Zip _____
Phone Number (daytime) _____ Phone Number (evening) _____

4. Signature of Member (or legal representative)* _____ Date _____

Printed Name of Member (or legal representative)* _____ Date _____

*Relationship if other than the Member:

Parent Guardian Conservator Other – Please Specify _____

Please note you may revoke this authorization at any time.