



### Michigan Gas Reimbursement Form

Please be sure to get your ride ids when booking your appointments. Only the person designated as the driver when your reservation is made will be paid. Reimbursement will be paid at the current approved per mile rate. Please allow 14 days from the date you send completed form before calling about payment status. Please submit claim form within 12 months from the date of service. For more information, go to [saferidehealth.com/meridian](http://saferidehealth.com/meridian).

Please submit completed forms via email, fax, or mail email:  
**meridian\_claims@saferidehealth.com**  
 fax: **1-888-453-5398**  
 mail: 18302 Talavera Ridge, Ste 300 San Antonio, TX 78257 Double check all your information as forms with partial or incorrect information will **not be accepted**.

DRIVER INFORMATION	
First Name:	Last Name:
Relationship to Member:	Phone Number:
Mailing Address:	
City:	State: Zip Code:
MEMBER INFORMATION	
First Name:	Last Name:
Member Medicaid ID Number:	

\* Your healthcare professional must sign each ride to show you were at your appointment in order for your driver to get paid.

TRIP INFORMATION			
Appointment Date:	Ride ID:	Phone Number: Provider/Facility Name:	Provider Signature:
Appointment Date:	Ride ID:	Phone Number: Provider/Facility Name:	Provider Signature:
Appointment Date:	Ride ID:	Phone Number: Provider/Facility Name:	Provider Signature:
Appointment Date:	Ride ID:	Phone Number: Provider/Facility Name:	Provider Signature:
Appointment Date:	Ride ID:	Phone Number: Provider/Facility Name:	Provider Signature:

I certify that I went to the listed destination(s) above. I also authorize SafeRide to verify the trip information given above.

X

\_\_\_\_\_  
Driver Signature

\_\_\_\_\_  
Date

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). Meridian does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity).

Meridian:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Meridian Member Services.

If you believe that Meridian has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity), you can file a grievance with our 1557 Coordinator. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our 1557 Coordinator is available to help you.

Mail: 1557 Coordinator  
P.O. Box 31384  
Tampa, FL 33631

Telephone: **1-855-577-8234** (TTY users should call **711**)

Fax: **1-866-388-1769**

Email: **SM\_Section1557Coord@centene.com**

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201

**1-800-368-1019, 1-800-537-7697** (TDD)

Complaint forms are available at **<http://www.hhs.gov/ocr/office/file/index.html>**.

This notice is available at Meridian website:

**<https://www.mimeridian.com/members/medicaid/resources/faqs.html>**

