



Michigan Meals and Lodging Claim Form

This form must be completed for each trip requiring meal and/or lodging reimbursement. All meals and lodging must be booked at least 72 hours prior to the date of service. Claim forms with incomplete information will not be reimbursed until all required information is received. Receipts are required for all meals and lodging expenses. Lodging information is only required when Member chooses to make their own lodging arrangements. Reimbursement amounts are specified in the Michigan Medicaid Meals and Lodging Reimbursement Policy.

Please submit claim form within 90 days from date of service.

For more information, go to www.saferidehealth.com/meridian

Member/Trip Information

Medicaid ID #: _____
Member Name: _____
Phone: _____
Email: _____
Address: _____
City: _____
State, Zip: _____
Attendant Name: _____

Lodging Information

Lodging Ride ID #: _____
Start & End Date: _____
Lodging Name: _____
Phone: _____
Address: _____
City: _____
State, Zip: _____
Cost per night: _____

Medical Provider Information

Name: _____
Phone: _____
Address: _____
City: _____
State, Zip: _____

Meal Information

Meal Ride ID #: _____

Breakfast:

Lunch:

Dinner:

Count	Cost
_____	_____
_____	_____
_____	_____

Member Hospitalized? Yes ☐ No ☐ Period of Time? _____

Member Signature: _____ Date: _____

To be completed by Medical Provider or their staff:

By signing below, I verify that the Member's condition and/or treatment requires them (and attendant, if applicable) to incur additional meals and/or overnight lodging expenses.

Physician/Medical Provider Name: _____ Date: _____
(Print) (Signature)

Michigan Medicaid Provider # NPI: _____ Other: _____

I certify that the above-named member's medical conditions require an attendant to accompany them during their appointments.

(Signature)

Please complete and return to: meridian_travel@saferidehealth.com
If you have questions, call (833) 944-0517 during normal business hours.