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Please use blue or black ink Shade Ovals Like This → Mot Like This → 🥸 🗹

Instructions: Below is a list of health services that have been paid recently by Magellan on your behalf. Please review the list and answer the questions below. After completing, please return this letter in the enclosed postage paid envelope.

2) If you selected "No" above, please shade the oval(s) below for services you did NOT receive.

Did NOT Receive	Provider Name	Service Billed on Claim	Service <u>Beginning</u>	Service <u>Ending</u>	Amount <u>Paid</u>
0	ALDIE FNDTN INC MAINSITE	D&A OUTPATIENT	11/17/2020	11/17/2020	\$0
0	LIBERTAE INC	3.5, 3.7	12/13/2020	12/16/2020	\$903
0	ALDIE CNSLNG CTR LANGHORNE	D&A OUTPATIENT	11/1/2020	11/1/2020	\$0
0	ALDIE FNDTN INC MAINSITE	D&A OUTPATIENT	11/23/2020	11/29/2020	\$0

Libertae told me on 3/18/21 my insurance would

No longer cover me at Libertae and come 4/5/21 I would

have to leave w/my Baby even if I wanted more time 3

Kelly Oline 3/21/21 (247)294-4903

Signature Date Telephone #

Magellan Healthcare Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-800-424-3515 (TTY: PA Relay 7-1-1).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-424-3515 (TTY: PA Relay 7-1-1).

I was only given 2'/z weeks to find 5506079877 Housing-very difficult due to could (an you help of