105 Terry	Drive,	Suite 103
Newtown,	PA 18	940



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Please use blue or black ink	Shade Ovals Like This ->	Not I	ike This →	×	প্ৰ

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.

1) I received all the services listed. The Yes O No

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	LENAPE VLY FNDTN BATH RD	COMMUNITY SUPPORT - CRISIS	11/23/2020	11/23/2020	\$0
0					
0					
0					
0					
Explanation:	Myear old son was	suicidal.			
	'				

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).

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