

105 Terry Drive, Suite 103
Newtown, PA 18940

Magellan
HEALTHSM

2 1 1 5 5 8 7



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T6 P1
AMBER HANSROTE
498 PLAZA BLVD APT B24
MORRISVILLE PA 19067-7024



Please use blue or black ink Shade Ovals Like This → ● Not 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.

1) I received all the services listed. ● Yes ○ 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 Beginning	Service Ending	Amount Paid
<input type="radio"/>	FMLY SVC ASSN OF BUCKS CNTY MAIN	OTHER - INTEGRATED CARE	11/9/2020	11/9/2020	\$0
<input type="radio"/>	FMLY SVC ASSN OF BUCKS CNTY MAIN	PSYCH OUTPATIENT	11/24/2020	11/24/2020	\$0
<input type="radio"/>					
<input type="radio"/>					
<input type="radio"/>					

Explanation:

I receive these services to help me manage my anxiety and depression and with childhood trauma.

A. Hansrote

Signature

2/18/21

Date

(2 1 5) 7 5 8 - 5 3 9 0

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).