

105 Terry Drive, Suite 103  
Newtown, PA 18940

**Magellan**  
HEALTH<sup>SM</sup>

2 1 1 5 6 3 4



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T4 P1  
JOSEPH MUELLER  
PO BOX 113  
REVERE PA 18953-0113



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.**

| <u>Did NOT<br/>Receive</u> | <u>Provider Name</u> | <u>Service Billed on Claim</u> | <u>Service<br/>Beginning</u> | <u>Service<br/>Ending</u> | <u>Amount<br/>Paid</u> |
|----------------------------|----------------------|--------------------------------|------------------------------|---------------------------|------------------------|
| <input type="radio"/>      | LENAPE VLY FNDTN     | OTHER - INTEGRATED CARE        | 12/8/2020                    | 12/8/2020                 | \$0                    |
| <input type="radio"/>      | LENAPE VLY FNDTN     | PSYCH OUTPATIENT               | 11/11/2020                   | 11/11/2020                | \$0                    |
| <input type="radio"/>      |                      |                                |                              |                           |                        |
| <input type="radio"/>      |                      |                                |                              |                           |                        |
| <input type="radio"/>      |                      |                                |                              |                           |                        |

Explanation:

\_\_\_\_\_  
\_\_\_\_\_

Signature

2/10/21  
Date

( 6 1 0 ) 8 4 7 - 2 5 8 9  
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).