

105 Terry Drive, Suite 103  
Newtown, PA 18940

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

2 1 1 5 6 7 9



1210

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T6 P1  
ERICA SWEENEY  
129 KEYSTONE AVE  
MORRISVILLE PA 19067-2320



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>Djd NOT Receive</u>	<u>Provider Name</u>	<u>Service Billed on Claim</u>	<u>Service Beginning</u>	<u>Service Ending</u>	<u>Amount Paid</u>
<input type="radio"/>	PENNDL MNTL HLTH CTR INC	PSYCH OUTPATIENT	11/17/2020	11/17/2020	\$0
<input type="radio"/>	PENNDL MNTL HLTH CTR INC	PSYCH OUTPATIENT	11/30/2020	11/30/2020	\$0
<input type="radio"/>	PENNDL MNTL HLTH CTR INC	PSYCH OUTPATIENT	11/16/2020	11/16/2020	\$0
<input type="radio"/>	PENNDL MNTL HLTH CTR INC	PSYCH OUTPATIENT	11/24/2020	11/24/2020	\$0
<input type="radio"/>					

Explanation:

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

*Erica Sweeney*  
Signature

2/23/2021  
Date

( 9 0 8 ) 2 4 5 - 2 9 9 2  
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).