

2 1 1 5 6 9 0



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T4 P1
MATTHEW BALLOW
621 DICK AVE
WARMINSTER PA 18974-2418



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 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"/>	LENAPE VLY FNDTN	PSYCH OUTPATIENT	11/4/2020	11/4/2020	\$0
<input type="radio"/>	LENAPE VLY FNDTN	PSYCH OUTPATIENT	10/27/2020	10/27/2020	\$0
<input type="radio"/>	LENAPE VLY FNDTN	PSYCH OUTPATIENT	11/17/2020	11/17/2020	\$0
<input type="radio"/>	LENAPE VLY FNDTN	PSYCH OUTPATIENT	11/10/2020	11/10/2020	\$0
<input type="radio"/>					

Explanation:

I received all of these services.

Matthew Ballow *2/9/2021* (*2 1 5*) *3 6 4* - *8 9 9 5*
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).