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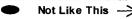
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Please use blue or black ink Shade Ov

Shade Ovals 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. 4



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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 <u>Ending</u>	Amount <u>Paid</u>
0	HAVEN BHVRL SVCS OFREADING	INPATIENT PSYCH	11/14/2020	11/17/2020	\$2443
0	LENAPE VLY FNDTN BATH RD	COMMUNITY SUPPORT - CRISIS	11/13/2020	11/13/2020	\$0
0	LENAPE VLY FNDTN BATH RD	COMMUNITY SUPPORT - CRISIS	11/14/2020	11/14/2020	\$0
0					

Explanation:

There was a discussion between my housemate & myself which

led to someone taking for many meds. I was taken to Brucks Hosp. for

Evernial Then transferred to Naven (Reading) because Hoven (Phila.) didn't

have any space.

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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