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Newtown, PA 18940

Magellan
HEALTHSM

2 1 1 5 7 3 8



1222

Patrick
215-642-3230
Ext 114

1222



T6 P1
JOSEPH CAPIZZI
214 WASHINGTON ST
MORRISVILLE PA 19067-7113



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>
○	ALDIE CNSLNG CTR LANGHORNE	D&A OUTPATIENT	11/23/2020	11/29/2020	\$0
○	ALDIE CNSLNG CTR LANGHORNE	D&A OUTPATIENT	11/30/2020	11/30/2020	\$0
○	ALDIE FNDTN INC MAINSITE	D&A OUTPATIENT	11/25/2020	11/25/2020	\$0
○	ALDIE CNSLNG CTR LANGHORNE	D&A OUTPATIENT	11/9/2020	11/15/2020	\$0
○	ALDIE FNDTN INC MAINSITE	D&A OUTPATIENT	11/18/2020	11/18/2020	\$0

Explanation:

Signature: Joseph Capizzi Date: 2-17-21 Telephone #: (215) 436 - 3426

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).