

**Magellan**  
HEALTH SM

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1129



T6 P1  
KAYLIN DISBROW  
7 APRICOT LN  
LEVITTOWN PA 19055-1219



**Please use blue or black ink**    **Shade Ovals Like This** →     **Not Like This** →  

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"/>	MILESTONE BHVRL HLTH LLC	PSYCH OUTPATIENT	11/3/2020	11/3/2020	\$0
<input type="radio"/>					
<input type="radio"/>					
<input type="radio"/>					
<input type="radio"/>					

**Explanation:**

DeLumming (mother)      2/12/21      (267) 978-9597  
 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).