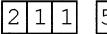
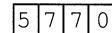
105 Terry Drive, Suite 103 Newtown, PA 18940









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SARA SPRANKLE 1313 VIRGINIA AVE JOHNSTOWN PA 15906-2435 ովլիովիոլիմբոնկիոննհուրոնվյակիլովինկինկորմվինի

Please use blue or black ink	Shade Ovals Like This ->	Not Like This $ o$ 🐹 $ o$

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. Tes O_{No}
- 2) If you selected "No" above, please shade the oval(s) below for services you did NOT receive.

Did NOT <u>Receive</u>	Provider Name	Service Billed on Claim	Service <u>Beginning</u>	Service <u>Ending</u>	Amount <u>Paid</u>
0	ACRP MARKET STREET	COMMUNITY SUPPORT - ICM/RC/CM	11/19/2020	11/19/2020	\$0
0	ACRP MARKET STREET	COMMUNITY SUPPORT - ICM/RC/CM	12/3/2020	12/3/2020	\$0
0	ACRP MARKET STREET	COMMUNITY SUPPORT - ICM/RC/CM	11/25/2020	11/25/2020	\$0
0	ACRP MARKET STREET	PSYCH OUTPATIENT	10/21/2020	10/21/2020	\$0

Explanation:		
	· · · · · · · · · · · · · · · · · · ·	
Gove L. Sprudle	2.10-21	(9/4)6/9-6959

Signature

(9/4)619-695

Magellan Healthcare Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age,

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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