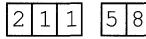
105 Terry Drive, Suite 103 Newtown, PA 18940







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T9 P1 BRYANNA SWANSON PO BOX 613 NORTHERN CAMBRIA PA 15714-0613 phallpanijanijanijapijajijijijijijijijijijijijijijijiji

Please use blue or black ink	Shade Ovals Like This →	Not Like	e This $ ightarrow$ $ ightarrow$	প্

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

Did NOT Receive	<u>Provider Name</u> ALTRNTV CMNTY RESOURCE PRGM	Service Billed on Claim	Service <u>Beginning</u>	Service <u>Ending</u>	Amount <u>Paid</u>
0	GILBERT ALTRNTV CMNTY RESOURCE PRGM GILBERT GILBERT	PSYCH OUTPATIENT	11/20/2020	11/20/2020	\$0
0		PSYCH OUTPATIENT	11/24/2020	11/24/2020	\$0
0					
0					
0					
					•
Explanat	tion:				
					:

Dianel Duranson 2-15-2021 (814) 748 - 8019

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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