

105 Terry Drive, Suite 103
Newtown, PA 18940

RECEIVED

FEB 12 2021

CAMBRIA COUNTY
CHILDREN & YOUTH SERVICE

Magellan
HEALTHSM

2 1 1 5 8 6 0



1670

1670



T9 P1
RYLEIGH HALE
110 FRANKLIN ST STE 400
JOHNSTOWN PA 15901-1831



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.**

Did NOT Receive	Provider Name	Service Billed on Claim	Service Beginning	Service Ending	Amount Paid
<input type="radio"/>	MICHELLE L VOEGHTLY	OTHER - MH OUTPATIENT	12/4/2020	12/4/2020	\$73
<input type="radio"/>	MICHELLE L VOEGHTLY	OTHER - MH OUTPATIENT	11/27/2020	11/27/2020	\$73
<input type="radio"/>	MICHELLE L VOEGHTLY	OTHER - MH OUTPATIENT	11/20/2020	11/20/2020	\$73
<input type="radio"/>	MICHELLE L VOEGHTLY	OTHER - MH OUTPATIENT	12/11/2020	12/11/2020	\$73
<input type="radio"/>					

Explanation:

Barb Lusech 2-15-21 (814) 539 - 7454
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).