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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 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>	Service Billed on Claim	Service <u>Beginning</u>	Service <u>Ending</u>	Amount <u>Paid</u>
0	PYRAMID HLTHCR INC GIBSONIA	NON-HOSPITAL REHAB (3.5, 3.7)	12/9/2020	12/9/2020	\$250
0	PYRAMID HLTHCR INC GIBSONIA	NON-HOSPITAL REHAB (3.5, 3.7)	12/4/2020	12/4/2020	\$250
0	PYRAMID HLTHCR INC	NON-HOSPITAL DETOX (3.7)	11/20/2020	11/20/2020	\$289
0	PYRAMID HLTHCR INC GIBSONIA	3.5, 3.7	12/1/2020	12/1/2020	\$250
0	PYRAMID HLTHCR INC GIBSONIA	3.5, 3.7	12/7/2020	12/7/2020	\$250

Explanation:

Was in a rehab those dates which your GUYS

(My insurance Daid for) thank your Towns for

Your help and support

Celly My 2-12-21 (610) 931-2927

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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