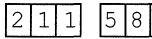
105 Terry Drive, Suite 103 Newtown, PA 18940







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MARGUERITE BRUTON 620 MICHELL ST **RIDLEY PARK PA 19078-3717** ՖՄՄԱլուլ[կլլիդիրի հոլլըվում<u>կը միվ|[կ|[</u>]|[ոհոյիլ

Please use blue or black ink	Shade Ovals Like This ->	Not Like	This \rightarrow \bowtie \circlearrowleft
			•

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	Provider Name	Service Billed on Claim	Service Beginning	Service <u>Ending</u>	Amount <u>Paid</u>
0	CROZER CHESTER CMNTY DIVISION	PSYCH OUTPATIENT	11/24/2020	11/24/2020	\$0
0					
0					
0					
0					
Explanat	tion:		· · · · · · · · · · · · · · · · · · ·		***************************************
Mar	quent Bruton	2/10/21			
Signatur		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

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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