



1189



T6 P1 **CAROLINE LINDGREN** 346 E KNOWLTON RD MEDIA PA 19063-4844 րդկկնուլներիրիոնալեսիիցիիկիիրուննրիներիրին

Please use blue or black ink	Shade Ovals Like This 🔷 🗢	Not Like This →	স্থ 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.

- 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	ELWYN MAINSITE	BHRS - MOBILE THERAPIST (MH&SA)	10/27/2020	10/27/2020	\$0
0	<b>ELWYN MAINSITE</b>	BHRS - MOBILE THERAPIST (MH&SA)	9/24/2020	9/24/2020	\$0
0	ELWYN MAINSITE	BHRS - MOBILE THERAPIST (MH&SA)	10/8/2020	10/8/2020	\$0
0	ELWYN MAINSITE	BHRS - MOBILE THERAPIST (MH&SA)	9/5/2020	9/5/2020	\$0
0	ELWYN MAINSITE	BHRS - MOBILE THERAPIST (MH&SA)	10/18/2020	10/18/2020	\$0

Explanat	ion:					
		 	 		 	 _
		 	 	<del></del>		 -

Signature

disability, or sex.

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,

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).

5506079877