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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	Provider Name	Service Billed on Claim	Service Beginning	Service Ending	Amount <u>Paid</u>
0	MERAKEY DELAWARE CNTY	PSYCH OUTPATIENT	9/30/2020	9/30/2020	\$0
0	MERAKEY DELAWARE CNTY	COMMUNITY SUPPORT - ICM/RC/CM	11/23/2020	11/23/2020	\$0
0					
0					

Explanation: Lelberg to the Mecales Regulative assertion in Delacove County, & Ralker to the regulation of the William While Tab. 16, 2001 (489) 925-6265

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 asístencia lingüística. Llame al 1-800-424-3515 (TTY: PA Relay 7-1-1).

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