

105 Terry Drive, Suite 103  
Newtown, PA 18940

Magellan  
HEALTH<sup>SM</sup>

2 1 1 6 2 9 5



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T6 P1  
AHMAD SAID  
2950 GRIFFITH WAY APT B  
MARCUS HOOK PA 19061-3422



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 checked="" type="radio"/>	MERAKEY DELAWARE CNTY	COMMUNITY SUPPORT - ICM/RC/CM	11/16/2020	11/16/2020	\$0
<input checked="" type="radio"/>	MERAKEY DELAWARE CNTY	COMMUNITY SUPPORT - ICM/RC/CM	12/3/2020	12/3/2020	\$0
<input type="radio"/>					
<input type="radio"/>					
<input type="radio"/>					

Explanation:

Ahmad Said    2/9/2021    ( 1 0 1 0 ) 4 8 5 - 4 4 6 9  
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).