

105 Terry Drive, Suite 103
Newtown, PA 18940

Magellan
HEALTHSM

2 1 1 6 4 4 3

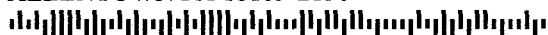


517

517



T3 P1
JAMEER STRONG
454 HANOVER AVE APT 2
ALLENTOWN PA 18109-2150



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 type="radio"/>	KIDSPEACE HOSP	PSYCH OUTPATIENT	11/6/2020	11/6/2020	\$0
<input checked="" type="radio"/>	KIDSPEACE HOSP MAINSITE	INPATIENT PSYCH	11/24/2020	11/30/2020	\$5161
<input type="radio"/>	KIDSPEACE HOSP	OTHER - TELEHEALTH	11/20/2020	11/20/2020	\$0
<input type="radio"/>	KIDSPEACE HOSP	PSYCH OUTPATIENT	11/20/2020	11/20/2020	\$0
<input type="radio"/>					

Explanation:

My son said that he wanted to hurt himself. So I put him in KIDSPEACE Hospital Inpatient to get the help he needed.

Glouia Janney
Signature

2/8/2021
Date

(4 8 4) 4 0 8 - 7 1 7 9
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).