105 Terry Drive, Suite 103
Newtown, PA 18940

Magellan HEALTH℠

211 6461

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T1 P1
MORGAN BERND
534 E FAIRMOUNT ST
COOPERSBURG PA 18036-1511

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
○	VLY YTH HOUSE BETHLEHEM	COMMUNITY SUPPORT - FAMILY BASED	12/10/2020	12/10/2020	$0
○	VLY YTH HOUSE BETHLEHEM	COMMUNITY SUPPORT - FAMILY BASED	11/18/2020	11/18/2020	$0
○	HOWARD CARL LEVIN	OTHER - MH OUTPATIENT	12/3/2020	12/3/2020	$53
○	VLY YTH HOUSE BETHLEHEM	COMMUNITY SUPPORT - FAMILY BASED	11/23/2020	11/23/2020	$0
○					

Explanation:

Morgan Bernd 2-9-21 ( ) -

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).