

105 Terry Drive, Suite 103  
Newtown, PA 18940

**Magellan**  
HEALTH<sup>SM</sup>

2 1 1 6 4 7 9



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T2 P1  
DENNIS MELENDEZ  
337 W WABASH ST  
ALLENTOWN PA 18103-5073



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.**

| <u>Did NOT Receive</u>           | <u>Provider Name</u>        | <u>Service Billed on Claim</u>   | <u>Service Beginning</u> | <u>Service Ending</u> | <u>Amount Paid</u> |
|----------------------------------|-----------------------------|----------------------------------|--------------------------|-----------------------|--------------------|
| <input type="radio"/>            | WARWICK FMLY BASED PRGM INC | COMMUNITY SUPPORT - FAMILY BASED | 11/9/2020                | 11/9/2020             | \$0                |
| <input checked="" type="radio"/> | KIDSPEACE HOSP BROADWAY     | PSYCH PARTIAL HOSPITAL           | 11/30/2020               | 11/30/2020            | \$0                |
| <input checked="" type="radio"/> | WARWICK FMLY BASED PRGM INC | COMMUNITY SUPPORT - FAMILY BASED | 11/12/2020               | 11/12/2020            | \$0                |
| <input checked="" type="radio"/> | WARWICK FMLY BASED PRGM INC | COMMUNITY SUPPORT - FAMILY BASED | 11/25/2020               | 11/25/2020            | \$0                |
| <input type="radio"/>            |                             |                                  |                          |                       |                    |

Explanation:

I haven't received any of these!!

2-14-2021

( 6 1 0 ) 5 5 1 - 2 5 9 2

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).