105 Terry Drive, Suite 103 Newtown, PA 18940









MARCUS COSME LEH CO GVT CTR 17 S 7TH ST **ALLENTOWN PA 18101-2401**

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 CARBON LEHIGH UNIT 21 OREFIELD	Service Billed on Claim	Service <u>Beginning</u>	Service Ending	Amount <u>Paid</u>
0	CARBON LETIGH UNIT 21 OREFIELD CLNC	BHRS - MOBILE THERAPIST (MH&SA)	11/11/2020	11/11/2020	\$0
0					
0					
0					
0					

Exp	lanation:	
-		

These services have been provided to this child every week.

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).