105 Terry Drive, Suite 103 Newtown, PA 18940



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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	<u>Ser</u>	vice Billed on 0	<u>Claim</u>	Service Beginning	Service <u>Ending</u>	Amount <u>Paid</u>
0	HAVEN HOUSE INC MAIN SITE	PS	SYCH OUTPATI	ENT	10/23/2020	10/23/2020	\$19
0							
0							
0							
0							
Explanation):						
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			(-	
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).

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