

105 Terry Drive, Suite 103
Newtown, PA 18940

Magellan
HEALTHSM

2 1 1 6 5 8 4



461

461



T2 P1
SAMANTHA STOVEKEN
835 E LYNNWOOD ST
ALLENTOWN PA 18103-5248



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"/>	LEHIGH VLY HOSP 1259 S CEDAR	PSYCH PARTIAL HOSPITAL	11/12/2020	11/12/2020	\$161
<input type="radio"/>	LEHIGH VLY HOSP 1259 S CEDAR	PSYCH PARTIAL HOSPITAL	11/25/2020	11/25/2020	\$161
<input type="radio"/>	LEHIGH VLY HOSP 1259 S CEDAR	PSYCH PARTIAL HOSPITAL	11/18/2020	11/18/2020	\$97
<input type="radio"/>	LEHIGH VLY HOSP 1259 S CEDAR	PSYCH PARTIAL HOSPITAL	11/13/2020	11/13/2020	\$161
<input type="radio"/>	LEHIGH VLY HOSP 1259 S CEDAR	PSYCH PARTIAL HOSPITAL	11/30/2020	11/30/2020	\$161

Explanation:

I attended partial hospitalization at TRANSITIONS starting November 11th 2020
through December 8th 2020.

Signature

2/6/21
Date

(6 1 0) 2 9 5 - 3 4 1 1
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).