



Please use blue or black ink Shade Ovals Like This ightarrow ightarrow Not Like This ightarrow ightarrow ightarrow

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	Service Billed on Claim	Service <u>Beginning</u>	Service <u>Ending</u>	Amount <u>Paid</u>
0	LEHIGH VLY HOSP 17TH AND CHEW	PSYCH OUTPATIENT	11/11/2020	11/11/2020	\$25
0					
0					
0					
0					

Explanation: the Kirsten 1271 th hand chew. was an ne Э Date Telephone # Signature

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).