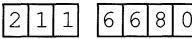
105 Terry Drive, Suite 103 Newtown, PA 18940







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MATTHEW COMPTON 416 CLOVERLY LN HORSHAM PA 19044-1812

Please use blue or black ink	Shade Ovals Like This	\rightarrow \bullet	Not Like This	> > জে ত
7 10000 000 0100 01 01000				

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.

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	WHITE DEER RUN INC MAIN SITE	NON-HOSPITAL DETOX (3.7)	11/28/2020	11/30/2020	\$759
0					
0					
0					
0					
Explanat	ion:				
<u></u>					 -
		, , , , , , , , , , , , , , , , , , , ,	7		
- 1.				_ -	
Signature		Date Telephone	e#		

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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