105 Terry Drive, Suite 103
Newtown, PA 18940

Magellan HEALTH SM

2 1 1 | 6 6 9 6

1508

1508

T7 P1
ANGELA GIAMPA
2720 WOODSPRING LN
HARLEYSVILLE PA 19438-1287

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
○	PENN FNDTN INC	PSYCH OUTPATIENT	11/7/2020	11/7/2020	$0
○	PENN FNDTN INC	PSYCH OUTPATIENT	11/25/2020	11/25/2020	$0
○	PENN FNDTN INC	PSYCH OUTPATIENT	12/5/2020	12/5/2020	$0
○	PENN FNDTN INC	PSYCH OUTPATIENT	11/23/2020	11/23/2020	$0
○					

Explanation: These services were provided to my daughter Angela.

Signature 2/9/21 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).