

105 Terry Drive, Suite 103  
Newtown, PA 18940

**Magellan**  
HEALTH<sup>SM</sup>

2 1 1 6 7 5 9



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T7 P1  
HOLLIS KAGAN  
220 COPPER BEECH DR  
BLUE BELL PA 19422-2836



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"/>	PENN PSYCHC CTR INCMAIN SITE	PSYCH OUTPATIENT	12/14/2020	12/14/2020	\$0
<input type="radio"/>	PENN PSYCHC CTR INCMAIN SITE	PSYCH OUTPATIENT	11/20/2020	11/20/2020	\$0
<input type="radio"/>					
<input type="radio"/>					
<input type="radio"/>					

Explanation:

~~○~~ ~~○~~ ~~○~~ I received psychiatric care due to mental illnesses.

Hollis Kagan  
Signature

2/13/2021  
Date

( 2 6 7 ) 5 4 9 - 9 8 0 0  
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).