105 Terry Drive, Suite 103 Newtown, PA 18940



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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.

Provider Name	Service Billed on Claim	Service <u>Beginning</u>	Service <u>Ending</u>	Amount <u>Paid</u>
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	CHILD AND FMLY FOCUS BUCKS	CHILD AND FMLY FOCUS BUCKS MONT BHRS - OTHER (MH&SA)	Provider Name CHILD AND FMLY FOCUS BUCKS MONT BHRS - OTHER (MH&SA) 11/5/2020	Provider Name CHILD AND FMLY FOCUS BUCKS MONT BHRS - OTHER (MH&SA) 11/5/2020 11/5/2020

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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