

Magellan
HEALTHSM

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6	8	4	2
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1651

[illegible]

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

1) I received all the services listed. ☒ Yes ☐ No

Did NOT Receive	<u>Provider Name</u>	<u>Service Billed on Claim</u>	<u>Service Beginning</u>	<u>Service Ending</u>	<u>Amount Paid</u>
<input type="radio"/>	CREATIVE HLTH SVCS INC SPRING CITY	BHRS - OTHER (MH&SA)	12/3/2020	12/3/2020	\$0
<input type="radio"/>					
<input type="radio"/>					
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Explanation:

Signature

Date _____

Telephone #

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).