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2 1 1 6 9 7 6



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T7 P1
LUIS POLANCO
1514 W MARSHALL ST APT 313
NORRISTOWN PA 19403-3274



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.**

| <u>Did NOT Receive</u> | <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"/> | CTRL BHVRL HLTH | COMMUNITY SUPPORT - ICM/RC/CM | 11/24/2020 | 11/24/2020 | \$0 |
| <input type="radio"/> | CTRL BHVRL HLTH | OTHER - TELEHEALTH | 11/12/2020 | 11/12/2020 | \$0 |
| <input type="radio"/> | | | | | |
| <input type="radio"/> | | | | | |
| <input type="radio"/> | | | | | |

Explanation:


Signature

2/10/2021 (3 4 7) 9 3 9 - 8 6 5 6
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).