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Please use blue or black ink Shade Ovals Like This ightarrow Not Like This ightarrow Ø

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. O Yes O No

2) If you selected "No" above, please shade the oval(s) below for services you did NOT receive.

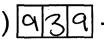
| Did NOT <u>Receive</u> | <u>Provider Name</u> | Service Billed on Claim | Service <u>Beginning</u> | Service <u>Ending</u> | Amount <u>Paid</u> |
|---------------------------|----------------------|-------------------------------|-----------------------------|--------------------------|-----------------------|
| 0 | CTRL BHVRL HLTH | COMMUNITY SUPPORT - ICM/RC/CM | 11/24/2020 | 11/24/2020 | \$0 |
| 0 | CTRL BHVRL HLTH | OTHER - TELEHEALTH | 11/12/2020 | 11/12/2020 | \$0 |
| 0 | | | | | |
| 0 | | | | | |
| 0 | | | | | |
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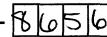
| Explanation: | | | | | |
|--------------|------|------|-----------|------|---|
| | | | | | |
| | | | ····· | ···· | ~ |



210/2021







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).