

105 Terry Drive, Suite 103  
Newtown, PA 18940

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

2 1 1 7 0 9 9

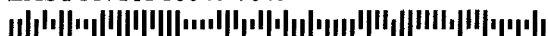


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SHELBY KEANE  
11 CREEK CT  
EASTON PA 18040-7645



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"/>	BROUGHAL MIDDLE SCHL	PSYCH PARTIAL HOSPITAL	11/5/2020	11/5/2020	\$0
<input type="radio"/>	BROUGHAL MIDDLE SCHL	PSYCH PARTIAL HOSPITAL	10/13/2020	10/13/2020	\$0
<input type="radio"/>	BROUGHAL MIDDLE SCHL	PSYCH PARTIAL HOSPITAL	10/16/2020	10/16/2020	\$0
<input type="radio"/>	BROUGHAL MIDDLE SCHL	PSYCH PARTIAL HOSPITAL	10/5/2020	10/5/2020	\$0
<input type="radio"/>					

Explanation:

Signature

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).