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Pléase use blue or black ink Shade Ovals Like This → ► Not Like This → 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.

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

Did NOT Receive	Provider Name	Service Billed on Claim	Service <u>Beginning</u>	Service <u>Ending</u>	Amount <u>Paid</u>
0	HOLCOMB BHVRL EASTON	PSYCH OUTPATIENT	11/20/2020	11/20/2020	\$0
0	HOLCOMB BHVRL EASTON	PSYCH OUTPATIENT	12/4/2020	12/4/2020	\$0
0	HOLCOMB BHVRL EASTON	COMMUNITY SUPPORT - ICM/RC/CM	12/7/2020	12/7/2020	\$0
0	HOLCOMB BHVRL EASTON	PSYCH OUTPATIENT	12/11/2020	12/11/2020	\$0

Explanation:

94 02/08/24 (6 0) 3 5 5 - 5 4 9 6
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).

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