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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. OYes No

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

Did NOT Receive	Provider Name CONCERN PRO SVCS FOR CHLD YTH	Service Billed on Claim	Service <u>Beginning</u>	Service Ending	Amount <u>Paid</u>	
0	& FML	BHRS - BEHAVIORAL SPECIALIST (MH	11/18/2020	11/18/2020	\$119	
0	CONCERN PRO SVCS FOR CHLD YTH & FML	BHRS - TSS (MH&SA)	11/20/2020	11/20/2020	\$67	
0	•					
0						

Explanation: .	's only Rea	n Open 12	BHS. T	he TSS
is listed	for service	P Riet In	as not se	en hac
SINCE BE	Are Pand	emic in	March 2	7020
GVI	Nender	2/22/4	([[2]])	365-3127
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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