Freedom Life Insurance Company of America
PO Box 31200
Salt Lake City, UT 84131

DPS$$$PKG 3013440788

Ryan Gordon
5419 Dolores Ave
Halethorpe, MD 21227-2726

The document you are holding is in reference to a claim for benefits. The document is sent on behalf of Freedom Life Insurance Company of America who has partnered with Optum Financial®.

Claim ID:	2516208765
Client Reference ID:	999999999
VP Trans ID:	3013440788 USH0001286
Date:	06/11/2025
Amount:	$0.00

If you have questions regarding your claim or benefits, please contact Freedom Life Insurance Company of America at 1-866-745-8744 (Providers) or 1-866-780-8744 (Consumers).

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EXPLANATION OF BENEFITS

RYAN GORDON
5419 DOLORES AVE
HALETHORPE, MD 21227-272

INSURED: RYAN GORDON
POLICY/CERTIFICATE: 52Z580931D
PLAN: 52PCWELR/
CLAIMANT: ALEXANDRA BLOOM
PATIENT ID: 78960958
SETTLEMENT DATE: 06/11/2025

CLAIM #: 2516208765

PROVIDER DESCRIPTION	DATE(S) OF SERVICE	TOTAL CHARGE	PROVIDER DISCOUNT	EXCLUDED CHARGES	BENEFIT AMOUNT	PAID AT	AMOUNT PAID BY PLAN	REMARK CODE
LABCORP BURLINGTON LABORATORY	06/03/25 - 06/03/25	$179.55	$153.65	$0.00	$35.00	100%	$35.00	JG
LABCORP BURLINGTON LABORATORY	06/03/25 - 06/03/25	$102.90	$93.00	$9.90	$0.00	0%	$0.00	JG,M5
LABCORP BURLINGTON LABORATORY	06/03/25 - 06/03/25	$112.35	$101.80	$10.55	$0.00	0%	$0.00	JG,M5
LABCORP BURLINGTON LABORATORY	06/03/25 - 06/03/25	$69.30	$62.13	$7.17	$0.00	0%	$0.00	JG,M5
LABCORP BURLINGTON LABORATORY	06/03/25 - 06/03/25	$243.60	$221.72	$21.88	$0.00	0%	$0.00	JG,M5
LABCORP BURLINGTON LABORATORY	06/03/25 - 06/03/25	$26.25	$26.24	$0.01	$0.00	0%	$0.00	JG,M5
Total		**$733.95**	**$658.54**	**$49.51**	**$35.00**		**$35.00**	

Summary of Claim	AMOUNT CHARGED BY PROVIDER	DISCOUNT	AMOUNT PAID	PAYEE	AMOUNT YOU MAY OWE
Total	**$733.95**	**$658.54**	**$35.00**	**LABCORP BURLINGTON**	**$40.41**

REMARK CODE	DESCRIPTION
JG	UnitedHealthcare Choice Plus-Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Patient is not responsible for this amount.
M5	Maximum benefit paid per schedule
***	The Company does not waive and specifically reserves its right to assert and rely upon any/all reasons for which coverage for this claim may not be available under the terms of the policy/certificate. Any expenses erroneously applied to a deductible or copay, if applicable, or paid under any section or provision of the policy/certificate shall not constitute a waiver or modification of any conditions, terms, definitions, or limitations contained in the policy/certificate.

Appeal Notice: If you believe that a claim has been wrongfully denied, you have the right to appeal. To file an appeal, please contact customer service at 1-866-780-8744 or write to Freedom Life Insurance Company of America at 300 Burnett Street, Suite 200, Fort Worth, TX 76102. For more information relating to the internal appeal process, please refer to your coverage materials.

You, your representative, or a health care provider acting on your behalf may file a complaint with the Commissioner without first filing an appeal, if the coverage decision involves an urgent medical condition for which care has not been rendered.

• Maryland Insurance Administration
Attn: Consumer Complaint Investigation
Life and Health/Appeals and Grievance
200 St. Paul Place, Suite 2700
Baltimore, MD 21202
800-492-6116 (telephone)
410-468-2270 (facsimile)

The Health Advocacy Unit is also available to assist you or your representative in both mediating and filing an appeal under Freedom Life Insurance Company of America’s internal appeal process.

• Health Education and Advocacy Unit
200 St. Paul Place
Baltimore, MD 21202
877-261-8807 (telephone)
410-576-6571 (facsimile)

THIS IS NOT A BILL