Freedom Life Insurance Company of America
300 Burnett St. Suite 200
Fort Worth, TX 76102

UTI

EXPLANATION OF BENEFITS

[redacted]

INSURED: [redacted]
POLICY/CERTIFICATE:
PLAN:
CLAIMANT:
PATIENT ID:
SETTLEMENT DATE:

CLAIM #: 2414224575

PROVIDER DESCRIPTION	DATE(S) OF SERVICE	TOTAL CHARGE	PROVIDER DISCOUNT	EXCLUDED CHARGES	ELIGIBLE EXPENSE	PAID AT	AMOUNT PAID BY PLAN	REMARK CODE
CARTHAGE FAMILY CHIROPRACTIC LLC SPINAL MANIP	05/14/24 - 05/14/24	$70.00	$15.00	$0.00	$55.00	100%	$55.00	JG
Total		**$70.00**	**$15.00**	**$0.00**	**$55.00**		**$55.00**	

Summary of Claim	AMOUNT CHARGED BY PROVIDER	DISCOUNT	AMOUNT PAID	PAYEE	AMOUNT YOU MAY OWE
Total	**$70.00**	**$15.00**	**$55.00**	**CARTHAGE FAMILY CHIROPRACTIC LLC**	**$0.00**

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.
***	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.

THIS IS NOT A BILL