Check Number: 311991927

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

Key Bank
Columbus, OH

VOID AFTER 180 DAYS

DATE: 08/11/2023

0311991927

6-103/410

PAY: ******ONE HUNDRED NINETY SIX AND 44/100 DOLLARS

$196.44

PAY TO THE ORDER OF
JYOTI PRADHANANGA
3500 OAKS CLUBHOUSE DR
APT 4068
POMPANO BEACH, FL 33069

MEMO: POL/CERT# 52Y002314F / CLM# 2322108985

⑈0311991927⑈ ⑆041207040⑆ 3509929020 06⑈

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

FII

EXPLANATION OF BENEFITS

JYOTI PRADHANANGA
3500 OAKS CLUBHOUSE DR
APT 4068
POMPANO BEACH, FL 33069-369

INSURED: JYOTI PRADHANANGA
POLICY/CERTIFICATE: 52Y002314F
PLAN: 52FIPC/
CLAIMANT: JYOTI PRADHANANGA
PATIENT ID: E1670175980
SETTLEMENT DATE: 08/11/2023

CLAIM #: 2322108985

PROVIDER DESCRIPTION	DATE(S) OF SERVICE	TOTAL CHARGE	PROVIDER DISCOUNT	EXCLUDED CHARGES	BENEFIT AMOUNT	PAID AT	AMOUNT PAID BY PLAN	REMARK CODE
CLINICAL CARE ASSOCIATES OF THE UNIVER COLON SCREEN	08/01/23 - 08/01/23	$737.00	$283.44	$0.00	$650.00	100%	$650.00	JG
Total		**$737.00**	**$283.44**	**$0.00**	**$650.00**		**$650.00**	

Summary of Claim	AMOUNT CHARGED BY PROVIDER	DISCOUNT	AMOUNT PAID	PAYEE	AMOUNT YOU MAY OWE
Total	**$737.00**	**$283.44**	**$453.56**	**CLINICAL CARE ASSOCIATES OF THE UNIVER**	**$0.00**
			$196.44	**PRADHANANGA JYOTI**	

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

Questions? 1-866-780-8744