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

DPS$$$PKG 2344946081

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:	2411372925
Client Reference ID:	999999999
VP Trans ID:	2344946081 USH0001232
Date:	04/25/2024
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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Fort Worth, TX 76102

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EXPLANATION OF BENEFITS

[redacted]

[redacted]

SETTLEMENT DATE: 04/25/2024

CLAIM #: 2411372925

PROVIDER DESCRIPTION	DATE(S) OF SERVICE	TOTAL CHARGE	PROVIDER DISCOUNT	EXCLUDED CHARGES	BENEFIT AMOUNT	PAID AT	AMOUNT PAID BY PLAN	REMARK CODE
LABCORP BIRMINGHAM LABORATORY	04/15/24 - 04/15/24	$36.00	$28.42	$0.00	$45.00	100%	$45.00	JG
LABCORP BIRMINGHAM LABORATORY	04/15/24 - 04/15/24	$16.00	$13.85	$0.00	$45.00	100%	$45.00	JG
LABCORP BIRMINGHAM LABORATORY	04/15/24 - 04/15/24	$16.00	$13.85	$2.15	$0.00	0%	$0.00	JG,M5
LABCORP BIRMINGHAM LABORATORY	04/15/24 - 04/15/24	$60.00	$49.76	$10.24	$0.00	0%	$0.00	JG,M5
LABCORP BIRMINGHAM LABORATORY	04/15/24 - 04/15/24	$136.11	$122.23	$13.88	$0.00	0%	$0.00	JG,M5
LABCORP BIRMINGHAM LABORATORY	04/15/24 - 04/15/24	$92.79	$83.32	$9.47	$0.00	0%	$0.00	JG,M5
LABCORP BIRMINGHAM LABORATORY	04/15/24 - 04/15/24	$54.00	$41.96	$12.04	$0.00	0%	$0.00	JG,M5
LABCORP BIRMINGHAM LABORATORY	04/15/24 - 04/15/24	$59.00	$45.10	$13.90	$0.00	0%	$0.00	JG,M5
LABCORP BIRMINGHAM LABORATORY	04/15/24 - 04/15/24	$36.00	$25.68	$10.32	$0.00	0%	$0.00	JG,M5
LABCORP BIRMINGHAM LABORATORY	04/15/24 - 04/15/24	$117.60	$107.28	$10.32	$0.00	0%	$0.00	JG,M5
LABCORP BIRMINGHAM LABORATORY	04/15/24 - 04/15/24	$40.95	$37.90	$3.05	$0.00	0%	$0.00	JG,M5
LABCORP BIRMINGHAM LABORATORY	04/15/24 - 04/15/24	$176.40	$158.89	$17.51	$0.00	0%	$0.00	JG,M5

PROVIDER DESCRIPTION	DATE(S) OF SERVICE	TOTAL CHARGE	PROVIDER DISCOUNT	EXCLUDED CHARGES	BENEFIT AMOUNT	PAID AT	AMOUNT PAID BY PLAN	REMARK CODE
LABCORP BIRMINGHAM LABORATORY	04/15/24 - 04/15/24	$93.45	$84.21	$9.24	$0.00	0%	$0.00	JG,M5
LABCORP BIRMINGHAM LABORATORY	04/15/24 - 04/15/24	$54.00	$46.59	$7.41	$0.00	0%	$0.00	JG,M5
LABCORP BIRMINGHAM LABORATORY	04/15/24 - 04/15/24	$26.25	$26.24	$0.01	$0.00	0%	$0.00	JG,M5
Total		**$1,014.55**	**$885.28**	**$119.54**	**$90.00**		**$90.00**	

Summary of Claim

	AMOUNT CHARGED BY PROVIDER	DISCOUNT	AMOUNT PAID	PAYEE	AMOUNT YOU MAY OWE
Total	**$1,014.55**	**$885.28**	**$90.00**	**LABCORP BIRMINGHAM**	**$39.27**

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.

THIS IS NOT A BILL