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

DPS$$$PKG 2816882260

Dylan T. Smith
66 Musket Way
Acworth, GA 30101-7997

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:	250483647S
Client Reference ID:	999999999
VP Trans ID:	2816882260 USH0001232
Date:	02/18/2025
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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FII

EXPLANATION OF BENEFITS

DYLAN T. SMITH
66 MUSKET WAY
ACWORTH, GA 30101-799

INSURED: DYLAN T SMITH
POLICY/CERTIFICATE: 52Z485812F
PLAN: 52FIPC/
CLAIMANT: DYLAN T SMITH
PATIENT ID: RAPCA1361379
SETTLEMENT DATE: 02/18/2025

CLAIM #: 250483647S

PROVIDER DESCRIPTION	DATE(S) OF SERVICE	TOTAL CHARGE	PROVIDER DISCOUNT	EXCLUDED CHARGES	BENEFIT AMOUNT	PAID AT	AMOUNT PAID BY PLAN	REMARK CODE
RADIOLOGY ALLIANCE PC PROF FEES	02/05/25 - 02/05/25	$1,692.00	$1,499.64	$192.36	$0.00	0%	$0.00	JG,J5
Total		**$1,692.00**	**$1,499.64**	**$192.36**	**$0.00**		**$0.00**	

Summary of Claim	AMOUNT CHARGED BY PROVIDER	DISCOUNT	AMOUNT PAID	PAYEE	AMOUNT YOU MAY OWE
Total	**$1,692.00**	**$1,499.64**	**$0.00**		**$192.36**

REMARK CODE	DESCRIPTION
J5	No benefit due - not a listed policy benefit
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