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

DPS$$$PKG 2377272452

Aliesha Ibikunle
2700 Dorr Ave Apt 124
Fairfax, VA 22031-4937

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:	241364383S
Client Reference ID:	999999999
VP Trans ID:	2377272452 USH0001232
Date:	05/15/2024
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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FII

EXPLANATION OF BENEFITS

ALIESHA IBIKUNLE
2700 DORR AVE APT 124
FAIRFAX, VA 22031-493

INSURED: ALIESHA IBIKUNLE
POLICY/CERTIFICATE: 52Z153659F
PLAN: 52FIPC/
CLAIMANT: ALIESHA IBIKUNLE
PATIENT ID: 63016532V8042
SETTLEMENT DATE: 05/15/2024

CLAIM #: 241364383S

PROVIDER DESCRIPTION	DATE(S) OF SERVICE	TOTAL CHARGE	PROVIDER DISCOUNT	EXCLUDED CHARGES	BENEFIT AMOUNT	PAID AT	AMOUNT PAID BY PLAN	REMARK CODE
PRIVIA MEDICAL GROUP LLC PHYSICIAN	05/09/24 - 05/09/24	$372.00	$165.43	$6.57	$200.00	100%	$200.00	JG,M5
Total		**$372.00**	**$165.43**	**$6.57**	**$200.00**		**$200.00**	

Summary of Claim	AMOUNT CHARGED BY PROVIDER	DISCOUNT	AMOUNT PAID	PAYEE	AMOUNT YOU MAY OWE
Total	**$372.00**	**$165.43**	**$200.00**	**PRIVIA MEDICAL GROUP LLC**	**$6.57**

REMARK CODE	DESCRIPTION
M5	Maximum benefit paid per schedule
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