

Claim detail for [REDACTED]

Provider: TIC
Status: Out-of-network

Patient account number: NA
Claim number: [REDACTED]

Services received	Claim processing codes	Billed	Savings and plan allowed amount		Amounts paid	Total you owe				
		Provider billed	Amount saved	Plan allowed amount	Your plan paid	Applied to deductible	Copay	Coinsurance	Plan does not cover	Amount you owe**
SURGERY 12/14/2023	JT	\$7,535.00	\$0.00	\$7,535.00	\$7,535.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total amount		\$7,535.00	\$0.00	\$7,535.00	\$7,535.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

** This amount may not reflect payments made to the provider at the time of service, and it will not include any payments directly made to the subscriber (except for when coordination of benefits applies). You/the subscriber may be responsible for paying the physician, facility or other healthcare professional directly. We recommend you hold off on making any payments until you receive the bill from the provider.

Explanation of your claim processing codes

Claim processing codes are used to identify specific types of adjustments relating to your claims. The corresponding details will help explain how your claim was processed.

JT – SERVICES RENDERED BY NON NETWORK PROVIDERS ARE GENERALLY NOT ELIGIBLE FOR PAYMENT. THIS CLAIM HAS BEEN PAID AS AN EXCEPTION AND AT THE HIGHEST BENEFIT LEVEL AVAILABLE.

Got questions?

Get in touch with customer service at 866-633-2446



145PMEOBCHK0004001-06099-03

UnitedHealthcare Benefits Plan of California
RICHARDSON/SPRGFLD SRVC CNTR
PO BOX 30555
SALT LAKE CITY, UT 84130-0555
866-633-2446

Key Bank
Cleveland, OH 44114

Date: 05/23/24

PLEASE PRESENT PROMPTLY FOR PAYMENT

PAY:\$7,535.00

GROUP #

Seven Thousand Five Hundred Thirty Five Dollars and Zero Cents***

PAY TO
THE
ORDER OF



Authorized Signature