UnitedHealthcare Insurance Company PO BOX 809025 DALLAS, TX 75380

Questions? Please contact Customer Service at (800) 767-0700

CHECK NO.	CHECK DATE	CHECK AMOUNT
21207116	05/01/24	\$177.04

CLAIM #: 23490632-01-04-001

POLICY #: 23-3846-01 APPEALS STATE: GA ID NUMBER: 8134021 SCHOOL ID: 903330364 INSURED: LINGKAI KONG

PATIENT (SELF): LINGKAI KONG
PATIENT ACCT. #: 000108945726

PAYEE: GEORGIA UROLOGY PIEDMONT LLC

ADDRESS: 1930 BRANNAN RD

MCDONOUGH GA 30253-4310

BILLING NPI: 1861026619

PROVIDER: GEORGIA UROLOGY PIEDMONT LLC

PROVIDER NPI: 1619929973 - - Preferred Provider Organization

641 WINDY RIDGE LN SE 641 ATLANTA GA 30339

LINGKAI KONG

EXPLANATION OF BENEFITS - This is NOT a Bill Payment

Re	f Service	Dates of Service	Proc	Amount	Ineligible	Discount	Total	Co-Pay	Policy	Total	Patient	Remark
#		From To	Code	Claimed			Covered		Deductible	Benefits	Balance	Code
	DOCTOR VISIT	04/22/24-04/22/24	99214	233.00	0.00	35.96	197.04	20.00	0.00	177.04	20.00	
			Totals:	233.00	0.00	35.96	197.04	20.00	0.00	177.04	20.00	

Remarks:

Discount: Payment has been made in accordance with an agreement with United Healthcare or United Behavioral Health.

Patient Balance: Co-pay, Policy Deductible, Co-Insurance & All Amounts Over Policy Limits.

UnitedHealthcare StudentResources is going green. Simply go to uhcsr.com and log into my account or create an account to start receiving important correspondence electronically!

HELP FIGHT FRAUD!! Review Your Health Care Invoice against this EOB. Call the Anti-Fraud Hotline with Any Discrepancies. HOTLI NE # (866) 497-2445.

"This claim and all other claims shall remain subject to all Policy provisions and Exclusions/Limitations. We reserve the right to investigate for Pre-Existing Conditions and applicable Exclusions/Limitations."

Please see attached sheet for additional information/assistance you may request regarding your claim.

EOB-E (9/22)

Explanation of Benefits Georgia

You or your authorized representative, such as a family member or physician, may request an internal appeal of this determination. The request for an internal appeal must be made within 180 days from the date you receive this statement. Please call our Customer Service Department at 800-767-0700 if you have any questions regarding this determination or to begin the appeal process. Please send your written request for an internal appeal, along with any written comments, documents, records or other material relevant to the claim, to: UnitedHealthcare/StudentResources, PO Box 809025, Dallas TX 75380-9025.

You may also request copies, free of charge, of information relevant to your claim by contacting us at the address shown above.

If you need diagnosis and/or treatment code information related to this claim, please call the number shown on your ID card or the Customer Service Department at the number shown above.

You may request, free of charge, a copy of the internal rule, guideline or protocol, or an explanation of the scientific basis and/or clinical judgment we relied upon in making this decision regarding your claim.

You may have the right to have this decision reviewed by an external independent third party who has no association with us. This external review right is available after the internal appeal process is completed. In addition, and under limited circumstances, a request for an expedited external review may be requested at the same time you submit an internal appeal request. For details, contact the Office of the General Counsel in the Georgia Department of Community Health at:

Attention: Independent Review Requests
Office of General Counsel/Division of Health Planning
Georgia Department of Community Health
2 Peachtree Street NW; 5th Floor
Atlanta, Georgia
(404) 656-0409

There may be other resources available to help you understand the appeals process. For questions about your appeal rights or an adverse benefit determination, your State Department of Insurance may be able to assist you at:

Georgia Office of Insurance and Safety Fire Commissioner Consumer Services Division 2 Martin Luther King Jr. Drive West Tower, Suite 716 Atlanta, Georgia 30334 (800) 656-2298 http://www.oci.ga.gov/ConsumerServices/home.aspx

If you received this service at a Georgia network facility from an out-of-network provider, without your knowledge, on an emergency basis, you may have received a bill for an Out-of-Network Service or a Surprise Bill.

If we determine that the charges for these out-of-network services are excessive, we will pay our share of the allowed amount based on the reimbursement requirements of Georgia's law, not the billed charge. You will only be responsible to pay your applicable copay, coinsurance and/or deductible (your cost share) for the services you received.

If you receive a bill from an out-of-network provider for an amount above your cost share, and you believe it is for an out-of-network bill or a bill for emergency services, do not pay the provider. Please report that provider's bill to us by calling the number on your health plan ID card.

Provider Notice:

If you are a Georgia out-of-network provider and rendered services at a Georgia network facility, or at any facility on an emergency or urgent basis, your claim may be subject to the Georgia Surprise Billing Consumer Protection Act. If you disagree with the initial payment, you may request arbitration within 30 days of receipt of payment for the claim. All arbitration requests must be submitted to the Georgia Administrative Procedure Division of the Office of Insurance and Safety Fire Commissioner and concurrently to the Carrier at OofNetwork@uchsr.com.

Additionally, you have the right to request negotiation within 30 calendar days from the request for Arbitration. Please submit your request to OofNetwork@uhcsr.com.

SPANISH (Español): Para oftener assistance end Español, llame al 800-767-0700

TAGALOG (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 800-767-0700.

CHINESE (中文): 如果需要中文的帮助, 请拨打这个号码 800-767-0700.

NAVAJO (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' 800-767-0700.