

UnitedHealthcare

Explanation of Benefits

THIS IS NOT A BILL

YOUR INFORMATION

Member Name	Jennifer L. Martinez
Member ID	UHC-5839274
Group	TechFlow Solutions Inc.
Statement Date	December 7, 2024
Claim Number	CLM-2024-1205-583927

SERVICE DETAILS

Date of Service	December 5, 2024
Provider	Austin Advanced Imaging Center
Service	MRI, Knee Without Contrast (Right)
Authorization	AUTH-2024-MRI-78345 (Approved)

How We Calculated Your Cost

Description	Amount
Amount Billed by Provider	\$1,800.00
Network Discount (You Save!)	-\$950.00
Allowed Amount	\$850.00
Applied to Deductible	\$0.00
Plan Pays (80%)	\$680.00
Your Coinsurance (20%)	\$170.00

Your Annual Progress

Accumulator	Used	Maximum	Remaining
Individual Deductible	\$1,500.00	\$1,500.00	\$0.00 ✓ MET
Individual Out-of-Pocket	\$2,510.00	\$4,000.00	\$1,490.00

✓ **PRE-AUTHORIZED SERVICE** This MRI was pre-approved under authorization AUTH-2024-MRI-78345. Getting prior authorization helps ensure your services are covered!

What You May Owe

YOU MAY OWE: \$170.00 This is your 20% coinsurance. The provider may send you a bill for this amount. We paid the provider \$680.00 on December 9, 2024.

Questions? Call 1-800-555-1234 or visit myuhc.com