United HealthCare Services, Inc.
CHOICE BENEFICIARY CENTER
PO BOX 740800
ATLANTA, GA 30374-0800

Explanation of Benefits

Member/Patient: [redacted]
Member ID:
Relationship: EE
Group name: HCA HEALTHCARE
Group number: 0730152

[redacted]

Hi, [redacted]

THIS IS NOT A BILL. This Explanation of Benefits (EOB) is a summary of services received and how plan benefits were applied.

To the right is the total amount you may owe for the services included in this statement – but, depending on when you receive this statement, that amount may not reflect payments you've already made. Visit **hcarewards.com** to see the most up to date amounts.

Use this EOB as a reference or retain as needed.

Services in this statement occurred between Dec 16, 2024 - Dec 16, 2024

Provider billed	**$140,937.78**
Your total amount owed	**$225.00**

See claim details on following pages or go directly to hcarewards.com to view.

Plan balances

As of 04/02/2025 for plan year 2024

Balances for [redacted]		Maximum amount	Progress so far	Remaining amount
Customer Network	Out-of-pocket limit	$6,750.00	$479.77	$6,270.23
Network	Deductible	$1,250.00	$0.00	$1,250.00
	Out-of-pocket limit	$6,750.00	$479.77	$6,270.23
Out-of-Network	Deductible	$1,250.00	$0.00	$1,250.00

Got questions?

Get in touch with customer service at **877-885-8451**

[redacted]

United Healthcare