P2009003014

Freedom Life Insurance Company of America

300 Burnett Street
Suite 200
Fort Worth, TX 76102
Return Service Requested

202109300115

MIXED AADC 339
13129 0.5486 MB 0.482
287

Questions? Contact us at
(800) 387-9027

EOB

1 OF 2

ENV 13129

EXPLANATION OF BENEFITS

Line No.	Provider Description	Date(s) Of Service	Total Charges	Provider Discount	Excluded Charges	Deductible	Benefit Amount	Paid At	Amount Paid By Plan
01		09/22-09/22/2021	208.00	99.43		0.00	200.00	100%	200.00
		TOTALS	208.00	99.43	0.00	0.00	200.00		200.00

Provider Payment Amount	108.57
Amount You May Owe Provider	0.00

Payee	Amount
	108.57
	91.43

Claim Remarks

Line No.	Explanation
1	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.

THIS IS NOT A BILL

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[redacted]

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ENV 13129

FREEDOM LIFE INSURANCE COMPANY
300 Burnett Street, Suite 200
Fort Worth, TX 76102

56-704/412

CHECK NO. 306286499
VOID 90 DAYS FROM ISSUE DATE
VOID IF OVER $20,000.00 WITHOUT 2 SIGNATURES
ISSUE DATE 09/29/2021

AMOUNT
***91.43*

PAY ***NINETY-ONE AND 43/100 DOLLARS***

TO THE

[redacted]

Claimant's Name: [redacted]

KEYBANK

MINNETONKA, MN 55343

VOID

Authorized Signature

⑈306286499⑈ ⑆041207040⑆ 35099290 2006⑈ ⑈0000009143⑈