P200900302T

Freedom Life Insurance
Company of America

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

202212093304

MIXED AADC 290
37852 0.3820 MB 0.512
[redacted]
373

Questions? Contact us at
(800) 387-9027

Claim No.: [redacted]
Plan #: [redacted]
Insured: [redacted]
Policy/Certificate: [redacted]
Claimant: [redacted]
Patient ID: [redacted]
Settlement Date: 12/08/2022

EOB

ENV 37852 1 OF 1

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	THREE RIVERS MEDICAL A INJECTIONS	11/29-11/29/2022	82.68	62.35	20.33	0.00	0.00	0%	0.00
02	THREE RIVERS MEDICAL A INJECTIONS	11/29-11/29/2022	15.00	13.05	1.95	0.00	0.00	0%	0.00
		TOTALS	97.68	75.40	22.28	0.00	0.00		0.00
								Amount You May Owe Provider	22.28

Claim Remarks Line No.	Explanation
1,2	(Line 01-$20.33)(Line 02-$1.95)Injections are not covered
1,2	Cigna Healthcare discount. Patient not liable.
***	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