Freedom Life Insurance Company of America

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

004188
0102

Questions? Contact us at
(800) 387-9027

[redacted]
405

Covid Test
for travel

Claim No.: [redacted]
Plan #: [redacted]
Insured: [redacted]
Policy/Certificate: [redacted]
Claimant: [redacted]
Patient ID: [redacted]
Settlement Date: 07/01/2021

EOB

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	MINUTECLINIC DIAGNOSTI PHYSICIAN	06/23-06/23/2021	99.00	39.41		0.00	59.59	100%	59.59
02	MINUTECLINIC DIAGNOSTI LABORATORY	06/23-06/23/2021	120.00	74.77		0.00	45.23	100%	45.23
		TOTALS	219.00	114.18	0.00	0.00	104.82		104.82

Provider Payment Amount 104.82
Amount You May Owe Provider 0.00

Payee	Amount
MINUTECLINIC DIAGNOSTIC OF SOUTH CAROL	104.82

Claim Remarks

Line No.	Explanation
1,2	Cigna Healthcare discount. Patient not liable.
1,2	Processed according to special processing rules.
***	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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