Freedom Life Insurance Company of America
300 Burnett St. Suite 200
Fort Worth, TX 76102

FII

EXPLANATION OF BENEFITS

[redacted]

[redacted]

CLAIM #: 2414501255

PROVIDER DESCRIPTION	DATE(S) OF SERVICE	TOTAL CHARGE	PROVIDER DISCOUNT	EXCLUDED CHARGES	BENEFIT AMOUNT	PAID AT	AMOUNT PAID BY PLAN	REMARK CODE
LOWCOUNTRY DERMATOLOGY ASSOCIATES PHYSICIAN	05/14/24 - 05/14/24	$158.90	$87.82	$0.00	$100.00	100%	$100.00	JG
LOWCOUNTRY DERMATOLOGY ASSOCIATES SURGERY	05/14/24 - 05/14/24	$95.36	$51.96	$0.00	$100.00	100%	$100.00	JG
LOWCOUNTRY DERMATOLOGY ASSOCIATES SURGERY	05/14/24 - 05/14/24	$83.61	$47.70	$35.91	$0.00	0%	$0.00	JG,M5
Total		**$337.87**	**$187.48**	**$35.91**	**$200.00**		**$200.00**	

Summary of Claim	AMOUNT CHARGED BY PROVIDER	DISCOUNT	AMOUNT PAID	PAYEE	AMOUNT YOU MAY OWE
Total	**$337.87**	**$187.48**	**$150.39**	**LOWCOUNTRY DERMATOLOGY ASSOCIATES**	**$0.00**
			$49.61	[redacted]	