Freedom Life Insurance Company of America

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

202107273303

ALL FOR AADC 760
8012 0.5234 AB 0.416

MARK HILLIARD 174
7485A RENDON BLOODWORTH RD
MANSFIELD, TX 76063-4916

Questions? Contact us at
(800) 387-9027

Claim No.: 212074721-S
Plan #: 52SDUP4IR/
Insured: MARK HILLIARD
Policy/Certificate: 52X348774B
Claimant: MARK HILLIARD
Patient ID: 58588861
Settlement Date: 07/26/2021

EOB

ENV 8012 1 OF 2

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	LABCORP DALLAS LABORATORY	07/18-07/18/2021	28.54	23.67		0.00	4.87	100%	4.87
02	LABCORP DALLAS LABORATORY	07/18-07/18/2021	26.78	22.21		0.00	4.57	100%	4.57
03	LABCORP DALLAS LABORATORY	07/18-07/18/2021	56.49	46.85		0.00	9.64	100%	9.64
04	LABCORP DALLAS LABORATORY	07/18-07/18/2021	26.96	22.36		0.00	4.60	100%	4.60
05	LABCORP DALLAS LABORATORY	07/18-07/18/2021	29.83	24.74		0.00	5.09	100%	5.09
06	LABCORP DALLAS LABORATORY	07/18-07/18/2021	2.29		1.06	0.00	1.23	100%	1.23
07	LABCORP DALLAS LABORATORY	07/18-07/18/2021	2.29		2.29	0.00	0.00	0%	0.00
08	LABCORP DALLAS LABORATORY	07/18-07/18/2021	2.29		2.29	0.00	0.00	0%	0.00
09	LABCORP DALLAS LABORATORY	07/18-07/18/2021	2.29		2.29	0.00	0.00	0%	0.00
10	LABCORP DALLAS LABORATORY	07/18-07/18/2021	2.25		2.25	0.00	0.00	0%	0.00
11	LABCORP DALLAS LABORATORY	07/18-07/18/2021	55.61	46.12	9.49	0.00	0.00	0%	0.00
12	LABCORP DALLAS LABORATORY	07/18-07/18/2021	134.38	109.55	24.83	0.00	0.00	0%	0.00
13	LABCORP DALLAS LABORATORY	07/18-07/18/2021	93.39	82.56	10.83	0.00	0.00	0%	0.00
14	LABCORP DALLAS LABORATORY	07/18-07/18/2021	221.61	195.91	25.70	0.00	0.00	0%	0.00
15	LABCORP DALLAS LABORATORY	07/18-07/18/2021	74.00	67.13	6.87	0.00	0.00	0%	0.00
		TOTALS	759.00	641.10	87.90	0.00	30.00		30.00

Provider Payment Amount 30.00
Amount You May Owe Provider 87.90

Payee	Amount
LABCORP DALLAS	30.00

Claim Remarks

Line No.	Explanation
1,2,3,4,5,11,12,13	UnitedHealthcare Choice Plus-Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Patient is not responsible for this amount.

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14,15	(Line 14-$25.70)(Line 15-$6.87) Maximum benefit paid per schedule
14,15	UnitedHealthcare Choice Plus-Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Patient is not responsible for this amount.
6,7,8,9,10	Service rendered by network provider are w/in contractual agreement
6,7,8,9,10,11,12,13	(Line 06-$1.06)(Line 07-$2.29)(Line 08-$2.29)(Line 09-$2.29)(Line 10-$2.25)(Line 11-$9.49)(Line 12-$24.83)(Line 13-$10.83) Maximum benefit paid per schedule
***	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