Freedom Life Insurance Company of America

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

Questions? Contact us at
(800) 387-9027

QUEST DIAGNOSTICS ATLANTA
PO BOX 41733
PHILADELPHIA, PA 19101-1733

Claim No.: 211484397-S
Plan #: 52PCWEL3R/
Insured: KENDALL L GRAEBNER
Policy/Certificate: 52X266281D
Claimant: KENDALL L GRAEBNER
Patient ID: 3325611463
Settlement Date: 05/28/2021

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	QUEST DIAGNOSTICS ATLA LABORATORY	05/17-05/17/2021	148.10	138.55		0.00	45.00	100%	45.00
02	QUEST DIAGNOSTICS ATLA LABORATORY	05/17-05/17/2021	47.59	45.33	2.26	0.00	0.00	0%	0.00
03	QUEST DIAGNOSTICS ATLA LABORATORY	05/17-05/17/2021	264.06	238.99	25.07	0.00	0.00	0%	0.00
		TOTALS	459.75	422.87	27.33	0.00	45.00		45.00
								Insured Payment Amount	8.12
								Patient Responsibility	0.00

Payee			Amount
QUEST DIAGNOSTICS ATLANTA			36.88
GRAEBNER	KENDALL	L	8.12

Claim Remarks

Line No.	Explanation
1,2,3	UnitedHealthcare Choice Plus-Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Patient is not responsible for this amount.
2,3	(Line 02-$2.26)(Line 03-$25.07) 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.

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

56-704/412

CHECK NO. 305662809
VOID 90 DAYS FROM ISSUE DATE
VOID IF OVER $20,000.00 WITHOUT 2 SIGNATURES
ISSUE DATE 05/28/2021

AMOUNT
*****36.88***

PAY *****THIRTY-SIX AND 88/100 DOLLARS*****

TO THE ORDER OF QUEST DIAGNOSTICS ATLANTA
PO BOX 41733
PHILADELPHIA, PA 19101-1733

KEYBANK

MINNETONKA, MN 55343

VOID

Authorized Signature

Claimant's Name: KENDALL L GRAEBNER
Policy/Certificate: 52X266281D
Claim No: 211484397 - S

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