Freedom Life Insurance Company of America

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

ALL FOR AADC 335
21027 0.7648 AB 0.409

SKYLAR TAPHORN
1701 N LOIS AVE UNIT 543
TAMPA, FL 33607-2454

259

Questions? Contact us at
(800) 387-9027

Claim No.: 191963315-G
Plan #: 52SDUP2IR/
Insured: SKYLAR TAPHORN
Policy/Certificate: 52M606146B
Claimant: SKYLAR TAPHORN
Patient ID: 7011490733
Settlement Date: 07/31/2019

EOB

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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 DIAGNOSTIC LABORATORY	07/08-07/08/2019	112.49	94.41	18.08	0.00	0.00	0%	0.00
02	QUEST DIAGNOSTIC LABORATORY	07/08-07/08/2019	74.25	61.37	12.88	0.00	0.00	0%	0.00
03	QUEST DIAGNOSTIC LABORATORY	07/08-07/08/2019	146.23	134.26	11.97	0.00	0.00	0%	0.00
04	QUEST DIAGNOSTIC LABORATORY	07/08-07/08/2019	148.10	130.82	17.28	0.00	0.00	0%	0.00
05	QUEST DIAGNOSTIC LABORATORY	07/08-07/08/2019	120.36	100.35	20.01	0.00	0.00	0%	0.00
06	QUEST DIAGNOSTIC LABORATORY	07/08-07/08/2019	21.37	18.52	2.85	0.00	0.00	0%	0.00
07	QUEST DIAGNOSTIC LABORATORY	07/08-07/08/2019	75.37	68.50	6.87	0.00	0.00	0%	0.00
08	QUEST DIAGNOSTIC LABORATORY	07/08-07/08/2019	38.06	29.46	8.60	0.00	0.00	0%	0.00
09	QUEST DIAGNOSTIC LABORATORY	07/08-07/08/2019	51.41	39.81	11.60	0.00	0.00	0%	0.00
10	QUEST DIAGNOSTIC LABORATORY	07/08-07/08/2019	264.06	224.09	39.97	0.00	0.00	0%	0.00
11	QUEST DIAGNOSTIC LABORATORY	07/08-07/08/2019	241.84	202.55	9.29	0.00	30.00	100%	30.00
12	QUEST DIAGNOSTIC LABORATORY	07/08-07/08/2019	226.10	203.61	22.49	0.00	0.00	0%	0.00
		TOTALS	1,519.64	1,307.75	181.89	0.00	30.00		30.00

Provider Payment Amount	30.00
Amount You May Owe Provider	181.89

Payee	Amount
QUEST DIAGNOSTIC	30.00

Claim Remarks Line No.	Explanation
1,2,3,4,5,6,7,8,9	(Line 01-$18.08)(Line 02-$12.88)(Line 03-$11.97)(Line 04-$17.28)(Line 05-$20.01)(Line 06-$2.85)(Line 07-$6.87)(Line 08-$8.60)(Line 09-$11.60) This condition is excluded from coverage by the policy
1,2,3,4,5,6,7,8,9	Cigna Healthcare discount. Patient not liable.
10,11,12	Cigna Healthcare discount. Patient not liable.
10,12	(Line 10-$39.97)(Line 12-$22.49) This condition is excluded from coverage by the policy
11	(Line 11-$9.29) 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

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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