P2009003015

Freedom Life Insurance Company of America

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

202112173303

ALL FOR AADC 604
29830 0.3584 AB 0.458

PAUL D. MANCINI
738 S MADISON ST
HINSDALE, IL 60521-4361

196

Questions? Contact us at
(800) 387-9027

Claim No.: 213472664-S
Plan #: 52SDUP3IR/
Insured: PAUL D MANCINI
Policy/Certificate: 52X190381B
Claimant: LUCA G MANCINI
Patient ID: 116777078
Settlement Date: 12/16/2021

EOB

ENV 29830 1 OF 1

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	ADVENTIST HINSDALE HOS HOSP MISC	12/04-12/04/2021	11.39	6.83	4.56	0.00	0.00	0%	0.00
02	ADVENTIST HINSDALE HOS LABORATORY	12/04-12/04/2021	1,459.00	875.40	583.60	0.00	0.00	0%	0.00
03	ADVENTIST HINSDALE HOS EMRGCY ROOM	12/04-12/04/2021	2,425.00	1,455.00	707.50	0.00	262.50	100%	262.50
		TOTALS	3,895.39	2,337.23	1,295.66	0.00	262.50		262.50

Provider Payment Amount 262.50
Amount You May Owe Provider 712.06

Payee	Amount
ADVENTIST HINSDALE HOSPITAL	262.50

Claim Remarks Line No.	Explanation
1	(Line 01-$4.56)Hospital Miscellaneous Charges are not covered
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	(Line 02-$583.60)This service or supply is denied. It is considered part of another service performed on the same day, or it is not allowed as a sepearate charge.
3	(Line 03-$707.50) 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

Part 919 of the Rules of the Illinois Department of Insurance requires that our company advise you that, if you wish to take this matter up with the Illinois Department of Insurance, it maintains a Consumer Division in Chicago at 122 S. Michigan Ave., 19th Floor, Chicago, Illinois 60603 and in Springfield at 320 West Washington Street, Springfield, Illinois 62767