P2009003014

Freedom Life Insurance Company of America

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

202106170115

ALL FOR AADC 440
13174 0.5486 AB 0.416

WENDY L. DICKSON
5468 BIG CREEK PKWY
CLEVELAND, OH 44129-2049

223

Questions? Contact us at
(800) 387-9027

Claim No.: 211650418-S
Plan #: 52PCWEL3R/
Insured: WENDY L DICKSON
Policy/Certificate: 52X203396D
Claimant: WENDY L DICKSON
Patient ID: H110986548770001
Settlement Date: 06/16/2021

EOB

ENV 13174 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	CLEVELAND CLINIC FNDN MAMMOGRAM	06/02-06/02/2021	460.00	360.41		0.00	250.00	100%	250.00
		TOTALS	460.00	360.41	0.00	0.00	250.00		250.00

Provider Payment Amount 99.59
Amount You May Owe Provider 0.00

Payee	Amount
CLEVELAND CLINIC FNDN	99.59
DICKSON WENDY L	150.41

Claim Remarks

Line No.	Explanation
1	UnitedHealthcare Choice Plus-Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Patient is not responsible for this amount.
***	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

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ENV 13174

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

56-704/412

CHECK NO. 305746483
VOID 90 DAYS FROM ISSUE DATE
VOID IF OVER $20,000.00 WITHOUT 2 SIGNATURES
ISSUE DATE 06/16/2021

AMOUNT
***150.41*

PAY ***ONE HUNDRED FIFTY AND 41/100 DOLLARS***

TO THE ORDER OF WENDY L. DICKSON
5468 BIG CREEK PKWY
CLEVELAND, OH 44129-204

KEYBANK

MINNETONKA, MN 55343

Claimant's Name: WENDY L DICKSON
Policy/Certificate: 52X203396D
Claim No: 211650418 - S

VOID

Authorized Signature

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