P2009003002

Freedom Life Insurance Company of America

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

[redacted]

Questions? Contact us at
(800) 387-9027

Claim No.: 212770006-
Plan #: 52CRIT06/
[redacted]

EOB

ENV 1 141 OF 157

EXPLANATION OF BENEFITS

Line No.	Provider Description	Date(s) Of Service	Total Charges	Provider Discount	Excluded Charges	Deductible	Eligible Expense	Paid At	Balance Paid By Plan
01	MISCELLANEOUS PROVIDE CRITICAL ILL	08/25-08/25/2021	45,262.00			0.00	45,262.00	100%	45,262.00
		TOTALS	45,262.00	0.00	0.00	0.00	45,262.00		45,262.00
								Amount You May Owe Provider	0.00

Payee		Amount
[redacted]	WENDY L	45,262.00

Claim Remarks Line No.	Explanation
1	The policy maximum has been allowed for this benefit.
***	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.

FOR SECURITY PURPOSES, THE FACE OF THIS DOCUMENT CONTAINS A BLUE BACKGROUND AND MICROPRINTING IN THE BORDER

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

56-704/412

CHECK NO. 306874786
VOID 90 DAYS FROM ISSUE DATE
VOID IF OVER $20,000.00 WITHOUT 2 SIGNATURES
ISSUE DATE 01/12/2022

AMOUNT
45,262.00

PAY ***FORTY-FIVE THOUSAND TWO HUNDRED SIXTY-TWO AND 00/100 DOLLARS***

TO THE ORDER OF [redacted]

KEYBANK

MINNETONKA, MN 55343

Claimant's Name:
Policy/Certificate:
Claim No:

Authorized Signature

DO NOT CASH IF WATERMARK IS NOT PRESENT ON THE REVERSE SIDE OF THIS DOCUMENT - HOLD AT AN ANGLE TO VIEW

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