P2009003015

Freedom Life Insurance Company of America

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

202305053303

MIXED AADC 240
36337 0.3820 MB 0.528
[redacted]
365

Questions? Contact us at
(800) 387-9027

[redacted]

EOB

ENV 36337 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	MINUTECLINIC DIAGNOSTI PHYSICIAN	04/29-04/29/2023	139.00	48.03	15.97	0.00	75.00	100%	75.00
02	MINUTECLINIC DIAGNOSTI LABORATORY	04/29-04/29/2023	45.00	11.57	3.43	0.00	30.00	100%	30.00
		TOTALS	184.00	59.60	19.40	0.00	105.00		105.00

Provider Payment Amount	105.00
Amount You May Owe Provider	19.40

Payee	Amount
MINUTECLINIC DIAGNOSTIC OF VIRGIN	105.00

Claim Remarks Line No.	Explanation
1,2	(Line 01-$15.97)(Line 02-$3.43) Maximum benefit paid per schedule
1,2	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