P2009003015

Freedom Life Insurance Company of America

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

202105193303

ALL FOR AADC 440
33613 0.3584 AB 0.416

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

201

Questions? Contact us at
(800) 387-9027

Claim No.: 211362382-S
Plan #: 52PCWEL3R/
Insured: WENDY L DICKSON
Policy/Certificate: 52X203396D
Claimant: WENDY L DICKSON
Patient ID: P70482856960
Settlement Date: 05/18/2021

EOB

ENV 33613 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	CLEVELAND CLINIC FNDN PAP SMEAR	05/03-05/03/2021	105.00	58.67	11.33	0.00	35.00	100%	35.00
		TOTALS	105.00	58.67	11.33	0.00	35.00		35.00
								Provider Payment Amount	35.00
								Amount You May Owe Provider	11.33

Payee	Amount
CLEVELAND CLINIC FNDN	35.00

Claim Remarks Line No.	Explanation
1	(Line 01-$11.33) Maximum benefit paid per schedule
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