P2009003015

Freedom Life Insurance Company of America

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

202110053303

ALL FOR AADC 430
6710 0.3584 AB 0.458

MICHAEL D. PARSLOW
1612 S HIGH ST
COLUMBUS, OH 43207-1806

105

Questions? Contact us at
(800) 387-9027

ENV 6710 1 OF 1

Claim No.: 212765370-S
Plan #: 52SDUP4IR/
Insured: MICHAEL D PARSLOW
Policy/Certificate: 52X331802B
Claimant: MICHAEL D PARSLOW
Patient ID: 000601491546
Settlement Date: 10/04/2021

EOB

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	HEALTH CENTER, LOWER LI PHYSICIAN	09/23-09/23/2021	160.00	98.38		0.00	61.62	100%	61.62
		TOTALS	160.00	98.38	0.00	0.00	61.62		61.62

Provider Payment Amount 61.62
Amount You May Owe Provider 0.00

Payee	Amount
HEALTH CENTER, LOWER LIGHTS	61.62

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