P2009003015

20230316012S

Freedom Life Insurance Company of America

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

ALL FOR AADC 370
3519 0.5738 AB 0.504
[redacted]
62
[redacted] 37020-6080

Questions? Contact us at
(800) 387-9027

[redacted]

Patient ID: [redacted]
Settlement Date: 03/15/2023

EOB

ENV 3519 2 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	NASHVILLE NEUROCARE T PHYSICIAN	03/08-03/08/2023	97.21	97.21		0.00	0.00	0%	0.00
		TOTALS	97.21	97.21	0.00	0.00	0.00		0.00
								Amount You May Owe Provider	0.00

Claim Remarks Line No.	Explanation
1	This service or item is not reimbursable in this place of service.
1	Mental/Emotional Disorders are not covered.
***	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