Freedom Life Insurance Company of America

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

007586
0102

Questions? Contact us at
(800) 387-9027

[redacted]

Claim No.: [redacted]
Plan #: [redacted]
Insured: [redacted]
Policy/Certificate: [redacted]
Claimant: [redacted]
Patient ID: [redacted]
Settlement Date: 06/28/2021

EOB

Sick Visit [redacted]

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	SEASIDE PEDIATRICS OF BL PHYSICIAN	06/15-06/15/2021	90.00	35.00		0.00	55.00	100%	55.00
02	SEASIDE PEDIATRICS OF BL LABORATORY	06/15-06/15/2021	40.00	23.22		0.00	16.78	100%	16.78
		TOTALS	130.00	58.22	0.00	0.00	71.78		71.78

Provider Payment Amount 71.78
Amount You May Owe Provider 0.00

Payee	Amount
SEASIDE PEDIATRICS OF BLUFFTON	71.78

000003305-A

Claim Remarks

Line No.	Explanation
1,2	Cigna Healthcare discount. Patient not liable.
***	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