P2009003015

Freedom Life Insurance Company of America

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

202101073303

ALL FOR AADC 335

JASON 283
TAMPA, FL

Questions? Contact us at
(800) 387-9027

Claim No.: 21004
Plan #: 52S
Insured: JASON
Policy/Certificate: 52M9
Claim ant: JASON
Patient ID: --1364
Settlement Date: 01/05/2021

EOB

ENV 60572 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	ADVANCED TOWN & COUN PHYSICIAN	12/17-12/17/2020	149.00	89.15		0.00	59.85	100%	59.85
02	ADVANCED TOWN & COUN SURGERY	12/17-12/17/2020	219.00	77.08		0.00	141.92	100%	141.92
		TOTALS	368.00	166.23	0.00	0.00	201.77		201.77

Provider Payment Amount 201.77
Amount You May Owe Provider 0.00

Payee	Amount
ADVANCED TOWN & COUNTRY DERMATOLOGY	201.77

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