Freedom Life Insurance Company of America

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

ALL FOR AADC 630
19915 0.7648 AB 0.416

[redacted]

272

Questions? Contact us at
(800) 387-9027

Claim No.: 202520027-S

[redacted]

EOB

ENV 19915 3 OF 3

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	GRANITE CITY CLINIC CORP PHYSICIAN	09/02-09/02/2020	286.00	194.70	16.30	0.00	75.00	100%	75.00
		TOTALS	286.00	194.70	16.30	0.00	75.00		75.00

Provider Payment Amount 75.00
Amount You May Owe Provider 16.30

Payee	Amount
GRANITE CITY CLINIC CORP	75.00

Claim Remarks Line No.	Explanation
1	(Line 01-$16.30) 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

Part 919 of the Rules of the Illinois Department of Insurance requires that our company advise you that, if you wish to take this matter up with the Illinois Department of Insurance, it maintains a Consumer Division in Chicago at 122 S. Michigan Ave., 19th Floor, Chicago, Illinois 60603 and in Springfield at 320 West Washington Street, Springfield, Illinois 62767