

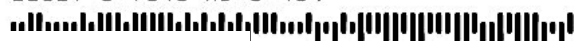
**Freedom Life Insurance
Company of America**

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

201908010114


 1 OF 3
ENV 21027

21027 0.7648 AB 0.409
ALL FOR AADC 335



1701 N LOIS AVE UNIT 543
TAMPA, FL 33607-2454

259

Questions? Contact us at
(800) 387-9027

Claim No.: 192064384-G
Plan #: 52SDUP2IR/
Insured:
Policy/Certificate: 52M606146B
Claimant:
Patient ID: 593
Settlement Date: 07/26/2019

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	TOTAL VITALITY MEDICAL PHYSICIAN	06/24-06/24/2019	265.00	189.94		0.00	75.06	100%	75.06
TOTALS			265.00	189.94	0.00	0.00	75.06		75.06
Amount You May Owe Provider									0.00

Payee

Amount

75.06

Claim Remarks

Line No.	Explanation
1	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

FREEDOM LIFE INSURANCE COMPANY
300 Burnett Street, Suite 200
Fort Worth, TX 76102

88-123/1119

CHECK NO. 303385250

VOID 90 DAYS FROM ISSUE DATE
VOID IF OVER \$20,000.00 WITHOUT 2 SIGNATURES
ISSUE DATE 07/26/2019

PAY *SEVENTY-FIVE AND 06/100 DOLLARS*****
**TO THE
ORDER OF**

TAMPA, FL 33607-2454

Claimant's Name:
Policy/Certificate:
Claim No: 192064384 - G

LEGACY TEXAS
FORT WORTH, TX 76102

VOID
Authorized Signature

AMOUNT
***75.06*

303385250 11025534 70202510

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