P2009003014

Freedom Life Insurance Company of America

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

20190810114

ALL FOR AADC 335
21027 0.7648 AB 0.409

259

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

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

ENV 21027 1 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	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

AMOUNT
75.06

PAY ***SEVENTY-FIVE AND 06/100 DOLLARS***

TO THE ORDER OF
TAMPA, FL 33607-245

LEGACY TEXAS

FORT WORTH, TX 76102

VOID

Authorized Signature

Claimant's Name:
Policy/Certificate: 52M606146B
Claim No: 192064384 - G

⑈303385250⑈ ⑆111025534⑆70202510⑈ ⑈0000007506⑈