P2009003014

Freedom Life Insurance Company of America

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

202209270124

ALL FOR AADC 840
20176 0.5738 AB 0.488
[redacted]

Questions? Contact us at
(800) 387-9027

[redacted]

Settlement Date: 09/26/2022

EOB

ENV 20176 1 OF 2

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	ALPINE ORTHOPAEDIC SPE PHYSICIAN	06/23-06/23/2022	107.00	39.90		0.00	75.00	100%	75.00
02	ALPINE ORTHOPAEDIC SPE XRAY	06/23-06/23/2022	107.00	78.00		0.00	50.00	100%	50.00
		TOTALS	214.00	117.90	0.00	0.00	125.00		125.00
								Provider Payment Amount	96.10
								Amount You May Owe Provider	0.00

Payee	Amount
ALPINE ORTHOPAEDIC SPECIALISTS	96.10
[redacted] CAMILLE	28.90

Claim Remarks Line No.	Explanation
1,2	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

P2009003001

20220927O124

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20176 0.5738 AB 0.488

CAMILLE PLOWMAN
33 DEAL ALY
DIAMONDVILLE, WY 83116-5074

373

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ENV 20176

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

56-704/412

CHECK NO. 308470999
VOID 90 DAYS FROM ISSUE DATE
VOID IF OVER $20,000.00 WITHOUT 2 SIGNATURES
ISSUE DATE 09/26/2022

AMOUNT
***28.90*

PAY ***TWENTY-EIGHT AND 90/100 DOLLARS***

TO THE ORDER OF CAMILLE PLOWMAN
33 DEAL ALY
DIAMONDVILLE, WY 83116-

KEYBANK

MINNETONKA, MN 55343

VOID

Authorized Signature

Claimant's Name: CAMILLE PLOWMAN
Policy/Certificate: 52X554780F
Claim No: 222666326 - S

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