

VSP Doctor Service Report

Order **35789730 VSP Choice Plan**

Prior Authorization Approved

Date Order Submitted **06/18/2025**

COB Secondary Authorization Number

Order Status **SUBMITTED_LAB**

Claim Format **E_CLAIM**

PATIENT INFORMATION

Patient Name: **BROSIUS, RAYMOND G**

Member Name **BROSIUS, GLORIA**

Patient Address **14104 DAISY DR**

Group Name **ARDENT MILLS, INC.**

City **AMARILLO**

Patient DOB **12/30/1959**

State **TX**

Patient Gender **M**

Zip **79119**

Conditions

PCP Comm

SERVICES PROVIDED

Doctor Name **JAMES FITCH**

Date of Services **2025-06-17**

Type of Service **Lens Frame**

Savings Statement

Type of Exam/Professional Service

Refraction **No**

CPT Code(s) **V2020 V2203 V2781 V2784 V2744 V2750**

Dilation **NO-REASON ON FILE**

Diagnosis **A. H52.03 B. C. D. E. F. G. H. I. J. K. L.**

VSP Instructions

UC Exam/Professional Services Fee **0.00**

UC Other Services Fee **0.00**

UC Materials Fee **938.00**

PRESCRIPTION INFORMATION

	Sphere	Cylinder	Axis	Pupil Distance	PD Dist	PD Near	OC Height
R	+2.50	-0.75	120	Monocular	33.0		
L	+2.25	-0.50	50		33.0		
	Horizontal Prism	Vertical Prism	Add	Base Curve		Seg Height	
R			2.25		30.0	Bottom of Frame	
L			2.25			30.0	
	Lab Name CARL ZEISS VISION KENTUCKY - Hebron, Kentucky	Wrap					
	Lab Phone (866)596-5467	Panto					
	LAB Instructions	Vertex					

FRAME INFORMATION

Supplier **DOCTOR**

Shape

Manufacturer **New York Eye - Hart**

Temple **145**

Frame Name **4932**

DBL **17**

Frame Collection **New York Eye - Hart**

Eye Size **54**

Type **ZYL**

B

Color **Navy**

ED

Cost **79.95**

C

LENS INFORMATION

Vision Type **Progressive**

Material **Polycarbonate**

Lens Style **ZEISS SmartLife Pure M - PhotoFusion Green**

Tint Type

Tint Color

Tint Sample **No Sample**

Edge

Tint Percent

Finishing **Lab Finished Lens**

Bevel

Thickness

Diameter