



Plan	Insured ID	Patient Name	Pt Acct #	Claim Number			Patient Pays Doctor		VSP Lab Allocation	VSP Pays Doctor	
Service Date					Billed Amount	Total Compensation	CoPay	Patient Pay Materials	Plan Provided Materials	Provider Payment	Message Code(s)

Office: 8601 SW 45TH AVE AMARILLO TX 79119  
Doctor: JAMES A FITCH OD

<b>CHOICE</b>	<b>XXXXX0428</b>	<b>BROWN, SHAWN</b>	<b>3388651700</b>							
6/12/25	92014	1	Exam - Comp	165.00	53.20	20.00	0.00	0.00	33.20	
	92015	1	Refraction	50.00	13.30	0.00	0.00	0.00	13.30	
<b>Totals</b>				<b>215.00</b>	<b>66.50</b>	<b>20.00</b>	<b>0.00</b>	<b>0.00</b>	<b>46.50</b>	
<b>CHOICE</b>	<b>GU947117900</b>	<b>EPPISON, BRENN</b>	<b>3437798700</b>							
6/13/25	92014	1	Exam - Comp	165.00	53.20	10.00	0.00	0.00	43.20	
	92015	1	Refraction	50.00	13.30	0.00	0.00	0.00	13.30	
<b>Totals</b>				<b>215.00</b>	<b>66.50</b>	<b>10.00</b>	<b>0.00</b>	<b>0.00</b>	<b>56.50</b>	
<b>EXAMONL</b>	<b>XXXXX8390</b>	<b>GARCIA, JOSE</b>	<b>3280489700</b>							
Y	6/10/25	92014	1 Exam - Comp	165.00	53.20	0.00	0.00	0.00	53.20	
		92015	1 Refraction	50.00	13.30	0.00	0.00	0.00	13.30	
<b>Totals</b>				<b>215.00</b>	<b>66.50</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>66.50</b>	
<b>ENHCDAD</b>	<b>XXXXX6400</b>	<b>LOTT, ALAINA</b>	<b>3437763800</b>							
V	6/13/25	92014	1 Exam - Comp	165.00	50.00	0.00	0.00	0.00	50.00	
		92015	1 Refraction	50.00	0.00	0.00	0.00	0.00	0.00	5X
	V2103	2	Lens - SV	130.00	16.00	0.00	0.00	0.00	16.00	
	V2750	2	Anti-Reflective Coating Per Lens	99.00	0.00	0.00	0.00	0.00	0.00	7K
	V2784	2	Lens, Polycarbonate Or Equal, Any Ind	50.00	0.00	0.00	0.00	0.00	0.00	7K
		1	Cov+Cop - QT - Anti-Reflective Coatin	0.00	68.00	0.00	68.00	41.00	-41.00	OP
		1	Cov+Cop - AD - Polycarbonate	0.00	35.00	0.00	35.00	14.00	-14.00	OP
	V2020	1	Frame/Disp - Dr Supplied \$57	300.00	76.00	0.00	*	0.00	76.00	1C PM 05 OM
<b>Totals</b>				<b>794.00</b>	<b>245.00</b>	<b>0.00</b>	<b>103.00</b>	<b>55.00</b>	<b>87.00</b>	
<b>ENHCDAD</b>	<b>XXXXX3851</b>	<b>LOTT, MITCHELL</b>	<b>3438862700</b>							
V	6/13/25	92014	1 Exam - Comp	165.00	50.00	0.00	0.00	0.00	50.00	
		92015	1 Refraction	50.00	0.00	0.00	0.00	0.00	0.00	5X
<b>Totals</b>				<b>215.00</b>	<b>50.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>50.00</b>	
<b>ENHCDAD</b>	<b>XXXXX3851</b>	<b>LOTT, MITCHELL</b>	<b>3438865300</b>							
V	6/13/25	V2521	24 Contact Lenses	260.00	260.00	0.00	130.00	0.00	130.00	1C
<b>Totals</b>				<b>260.00</b>	<b>260.00</b>	<b>0.00</b>	<b>130.00</b>	<b>0.00</b>	<b>130.00</b>	
<b>CHOICE</b>	<b>XXXXX1208</b>	<b>MITCHELL, JAMES</b>	<b>3437849700</b>							
6/13/25	92004	1	Exam - Comp	189.00	53.20	20.00	0.00	0.00	33.20	
	92015	1	Refraction	50.00	13.30	0.00	0.00	0.00	13.30	
	V2103	2	Lens - SV	130.00	14.50	15.00	0.00	0.00	-0.50	
	V2750	2	Anti-Reflective Coating Per Lens	49.00	0.00	0.00	0.00	0.00	0.00	7K



Plan	Insured ID	Patient Name	Pt Acct #	Claim Number			Patient Pays Doctor		VSP Lab Allocation	VSP Pays Doctor	
					Billed Amount	Total Compensation	CoPay	Patient Pay Materials	Plan Provided Materials	Provider Payment	Message Code(s)
	Service Date	Proc Code/ Modifiers	Unit(s)	Service Description							

	V2784		2	Lens, Polycarbonate Or Equal, Any Ind	50.00	0.00	0.00	0.00	0.00	0.00	7K
			1	Cov+Cop - QM - Anti-Reflective Coatin	0.00	39.20	0.00	39.20	21.00	-21.00	OP
			1	Cov+Cop - AD - Polycarbonate	0.00	35.00	0.00	35.00	14.00	-14.00	OP
	V2020		1	Frame/Disp - Dr Supplied \$76	369.00	228.70	0.00	135.20	0.00	93.50	1C 05 OM
			<b>Totals</b>		<b>837.00</b>	<b>383.90</b>	<b>35.00</b>	<b>209.40</b>	<b>35.00</b>	<b>104.50</b>	

<b>ENHCDAD XXXXX3365</b>	<b>ONDARA, TOMMY</b>		<b>3437547600</b>								
V	6/13/25	92014	1	Exam - Comp	165.00	50.00	0.00	0.00	0.00	50.00	
		92015	1	Refraction	50.00	0.00	0.00	0.00	0.00	0.00	5X
			<b>Totals</b>		<b>215.00</b>	<b>50.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>50.00</b>	

<b>CHOICE XXXXX6337</b>	<b>RICENBAW, JEFF</b>		<b>3437823600</b>								
	6/13/25	92004	1	Exam - Comp	189.00	53.20	10.00	0.00	0.00	43.20	
		92015	1	Refraction	50.00	13.30	0.00	0.00	0.00	13.30	
			<b>Totals</b>		<b>239.00</b>	<b>66.50</b>	<b>10.00</b>	<b>0.00</b>	<b>0.00</b>	<b>56.50</b>	

<b>CHOICE XXXXX4434</b>	<b>VICK, JADE</b>		<b>3280499800</b>								
	6/10/25	V2521	24	Contact Lenses	320.00	320.00	0.00	70.00	0.00	250.00	1C
			<b>Totals</b>		<b>320.00</b>	<b>320.00</b>	<b>0.00</b>	<b>70.00</b>	<b>0.00</b>	<b>250.00</b>	

Total Provider: 3525.00 1574.90 75.00 512.40 90.00 897.50

Doctor: RYAN C HOLLINGSWORTH OD

<b>CHOICE GU948165192</b>	<b>AVILA GONZALEZ, NORMA</b>		<b>3518318600</b>								
	6/16/25	V2520	6	Contact Lenses	117.00	117.00	0.00	0.00	0.00	117.00	
			<b>Totals</b>		<b>117.00</b>	<b>117.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>117.00</b>	

<b>CHOICE GU948165192</b>	<b>AVILA GONZALEZ, NORMA</b>		<b>3518364400</b>								
	6/16/25	92014	1	Exam - Comp	165.00	53.20	10.00	0.00	0.00	43.20	
		92015	1	Refraction	50.00	13.30	0.00	0.00	0.00	13.30	
			<b>Totals</b>		<b>215.00</b>	<b>66.50</b>	<b>10.00</b>	<b>0.00</b>	<b>0.00</b>	<b>56.50</b>	

<b>CHOICE FM1412663</b>	<b>CHAMPION, EZRAH</b>		<b>3331996100</b>								
	6/11/25	92014	1	Exam - Comp	165.00	53.20	0.00	0.00	0.00	53.20	
		92015	1	Refraction	50.00	13.30	0.00	0.00	0.00	13.30	
			<b>Totals</b>		<b>215.00</b>	<b>66.50</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>66.50</b>	

<b>CHOICE FM1412663</b>	<b>CHAMPION, URIJAH</b>		<b>3332022000</b>								
	6/11/25	92014	1	Exam - Comp	165.00	53.20	0.00	0.00	0.00	53.20	
		92015	1	Refraction	50.00	13.30	0.00	0.00	0.00	13.30	
			<b>Totals</b>		<b>215.00</b>	<b>66.50</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>66.50</b>	



Plan	Insured ID	Patient Name	Pt Acct #	Claim Number			Patient Pays Doctor		VSP Lab Allocation	VSP Pays Doctor	
					Billed Amount	Total Compensation	CoPay	Patient Pay Materials	Plan Provided Materials	Provider Payment	Message Code(s)
	Service Date	Proc Code/ Modifiers	Unit(s)	Service Description							

ENHCDAD XXXXX2301	HART, JENNIFER	3518345100									
V	6/16/25	V2520	24	Contact Lenses	180.00	180.00	0.00	5.00	0.00	175.00	1C
				Totals	180.00	180.00	0.00	5.00	0.00	175.00	

Total Provider: 942.00 496.50 10.00 5.00 0.00 481.50

Doctor: STERLING SCHAEFFER OD

CHOICE XXXXX3394	ANDERSON, KIRK	3262147000									
	6/09/25	92014	1	Exam - Comp	165.00	53.20	10.00	0.00	0.00	43.20	
		92015	1	Refraction	50.00	13.30	0.00	0.00	0.00	13.30	
		V2781	2	Progressive Lens, Per Lens	510.00	18.50	25.00	0.00	0.00	-6.50	
		V2203	2	Lens - Bifocal	0.00	24.56	0.00	0.00	24.56	0.00	5X
		V2750	2	Anti-Reflective Coating Per Lens	99.00	0.00	0.00	0.00	0.00	0.00	7K
		V2784	2	Lens, Polycarbonate Or Equal, Any Ind	50.00	0.00	0.00	0.00	0.00	0.00	7K
			1	Cov - OA - Progressive in Plastic	0.00	150.00	0.00	0.00	79.00	71.00	
			1	Cov+Cop - OD - Progressive in Polycar	0.00	35.00	0.00	35.00	15.00	-15.00	OP
			2	Cov+Cop - QT - Anti-Reflective Coatin	0.00	68.00	0.00	68.00	41.00	-41.00	OP
		V2020	1	Frame/Disp - Dr Supplied \$96	269.00	107.45	0.00	0.00	0.00	107.45	1C
				Totals	1143.00	470.01	35.00	103.00	159.56	172.45	

CHOICE 0001007629	CANNEFAX, JEREMY	3437703700									
	6/13/25	92014	1	Exam - Comp	165.00	53.20	0.00	0.00	0.00	53.20	
		92015	1	Refraction	50.00	13.30	0.00	0.00	0.00	13.30	
				Totals	215.00	66.50	0.00	0.00	0.00	66.50	

CHOICE GULAR21797	CARBAJAL, ELIZABETH	3518265700									
8											
	6/16/25	92014	1	Exam - Comp	165.00	53.20	10.00	0.00	0.00	43.20	
		92015	1	Refraction	50.00	13.30	0.00	0.00	0.00	13.30	
				Totals	215.00	66.50	10.00	0.00	0.00	56.50	

CHOICE GU950022307	CORTEZ, MELISSA	3438870600									
	6/13/25	92004	1	Exam - Comp	189.00	53.20	10.00	0.00	0.00	43.20	
		92015	1	Refraction	50.00	13.30	0.00	0.00	0.00	13.30	
				Totals	239.00	66.50	10.00	0.00	0.00	56.50	

CHOICE XXXXX6660	DICKSON, CAMERON	3437667100									IF
	6/13/25	92004	1	Exam - Comp	189.00	53.20	10.00	0.00	0.00	43.20	
		92015	1	Refraction	50.00	13.30	0.00	0.00	0.00	13.30	
		V2103	2	Lens - SV	130.00	14.50	25.00	0.00	0.00	-10.50	
		V2744	2	Tint Photochromatic Per Lens	100.00	0.00	0.00	0.00	0.00	0.00	7K



Plan	Insured ID	Patient Name	Pt Acct #	Claim Number			Patient Pays Doctor		VSP Lab Allocation	VSP Pays Doctor	
					Billed Amount	Total Compensation	CoPay	Patient Pay Materials	Plan Provided Materials	Provider Payment	Message Code(s)
	Service Date	Proc Code/ Modifiers	Unit(s)	Service Description							

	V2750	2		Anti-Reflective Coating Per Lens	99.00	0.00	0.00	0.00	0.00	0.00	7K
	V2784	2		Lens, Polycarbonate Or Equal, Any Ind	50.00	0.00	0.00	0.00	0.00	0.00	7K
		1		Cov - AD - Polycarbonate	0.00	6.00	0.00	0.00	6.00	0.00	
		1		Cov+Cop - QT - Anti-Reflective Coatin	0.00	68.00	0.00	68.00	41.00	-41.00	OP
		1		Cov+Cop - PR - Photochromic Plastic	0.00	75.00	0.00	75.00	45.00	-45.00	OP
	V2020	1		Frame/Disp - Dr Supplied \$57	169.00	89.70	0.00	15.20	0.00	74.50	1C 05 OM
<b>Totals</b>					<b>787.00</b>	<b>319.70</b>	<b>35.00</b>	<b>158.20</b>	<b>92.00</b>	<b>34.50</b>	

CHOICE	XXXXX1635	DOMINGUEZ, NORMA		3331908100							
	6/11/25	92004	1	Exam - Comp	189.00	53.20	10.00	0.00	0.00	43.20	
		92015	1	Refraction	50.00	13.30	0.00	0.00	0.00	13.30	
Totals					239.00	66.50	10.00	0.00	0.00	56.50	

ENHCDAD XXXXX8337 DOUGLAS, JOHN 3331941300											
V	6/11/25	92014	1	Exam - Comp	165.00	50.00	0.00	0.00	0.00	50.00	5X
		92015	1	Refraction	50.00	0.00	0.00	0.00	0.00	0.00	
Totals					215.00	50.00	0.00	0.00	0.00	50.00	

ENHCDAD XXXXX8337 DOUGLAS, JOHN 3331966300											
V	6/11/25	V2520	12 Contact Lenses		130.00	130.00	0.00	0.00	0.00	130.00	
Totals					130.00	130.00	0.00	0.00	0.00	130.00	

CHOICE	XXXXX0585	GALIANO, HECTOR		3388712900						
	6/12/25	92014	1	Exam - Comp	165.00	53.20	20.00	0.00	0.00	33.20
		92015	1	Refraction	50.00	13.30	0.00	0.00	0.00	13.30
Totals					215.00	66.50	20.00	0.00	0.00	46.50

<b>CHOICE</b>	<b>0010610469</b>	<b>GARCIA, JOSHUA</b>	<b>3438861500</b>								<b>IF</b>
	6/13/25	92014	1	Exam - Comp	165.00	53.20	5.00	0.00	0.00	48.20	
		92015	1	Refraction	50.00	13.30	0.00	0.00	0.00	13.30	
		V2104	2	Lens - SV	130.00	14.50	10.00	0.00	0.00	4.50	
		V2750	2	Anti-Reflective Coating Per Lens	49.00	0.00	0.00	0.00	0.00	0.00	7K
		V2784	2	Lens, Polycarbonate Or Equal, Any Ind	50.00	0.00	0.00	0.00	0.00	0.00	7K
			1	Cov - AD - Polycarbonate	0.00	35.00	0.00	0.00	14.00	21.00	
			1	Cov+Cop - QM - Anti-Reflective Coatin	0.00	39.20	0.00	39.20	21.00	-21.00	OP
	V2020		1	Frame/Disp - Dr Supplied \$57	249.00	153.70	0.00	79.20	0.00	74.50	1C 05 OM
<b>Totals</b>					<b>693.00</b>	<b>308.90</b>	<b>15.00</b>	<b>118.40</b>	<b>35.00</b>	<b>140.50</b>	

<b>ENHCDAD</b>	<b>XXXXX2773</b>	<b>GLENN, BRENDAN</b>	<b>3280534600</b>								<b>IF</b>
<b>V</b>	6/10/25	V2103	2	Lens - SV	130.00	16.00	0.00	0.00	0.00	16.00	
		V2750	2	Anti-Reflective Coating Per Lens	49.00	0.00	0.00	0.00	0.00	0.00	7K
		V2784	2	Lens, Polycarbonate Or Equal, Any Ind	50.00	0.00	0.00	0.00	0.00	0.00	7K
			1	Cov - AD - Polycarbonate	0.00	6.00	0.00	0.00	6.00	0.00	
			1	Cov+Cop - QM - Anti-Reflective Coatin	0.00	39.20	0.00	39.20	21.00	-21.00	OP
	V2020		1	Frame/Disp - Dr Supplied \$57	229.00	76.00	0.00	*	0.00	76.00	1C PM 05 OM



Plan	Insured ID	Patient Name	Pt Acct #	Claim Number			Patient Pays Doctor		VSP Lab Allocation	VSP Pays Doctor	
					Billed Amount	Total Compensation	CoPay	Patient Pay Materials	Plan Provided Materials	Provider Payment	Message Code(s)
	Service Date	Proc Code/ Modifiers	Unit(s)	Service Description							

<b>Totals</b>					<b>458.00</b>	<b>137.20</b>	<b>0.00</b>	<b>39.20</b>	<b>27.00</b>	<b>71.00</b>	
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<b>CHOICE</b>	<b>0000715170</b>	<b>HANCOX, AURELIUS ALEXANDER</b>	<b>3280558600</b>								
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6/10/25	92014	1	Exam - Comp	165.00	53.20	0.00	0.00	0.00	53.20	
	92015	1	Refraction	50.00	13.30	0.00	0.00	0.00	13.30	
<b>Totals</b>					<b>215.00</b>	<b>66.50</b>	<b>0.00</b>	<b>0.00</b>	<b>66.50</b>	

<b>CHOICE</b>	<b>XXXXX8229</b>	<b>IBARRA, CAMILLA</b>	<b>3322358100</b>								
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5/30/25	V2103	2	Lens - SV	0.00	0.00	0.00	0.00	0.00	0.00	01
		2	Lens - SV	130.00	0.00	0.00	0.00	0.00	0.00	01
		1	QM - Anti-Reflective Coating A	0.00	0.00	0.00	0.00	0.00	0.00	6S
		1	AD - Polycarbonate	0.00	0.00	0.00	0.00	0.00	0.00	6S
	V2750	2	Anti-Reflective Coating Per Lens	49.00	0.00	0.00	0.00	0.00	0.00	7K
	V2784	2	Lens, Polycarbonate Or Equal, Any Ind	50.00	0.00	0.00	0.00	0.00	0.00	7K
	S0590	1	Other Service	0.00	0.00	0.00	0.00	0.00	0.00	01
<b>Totals</b>					<b>229.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	

<b>CHOICE</b>	<b>XXXXX3114</b>	<b>KEY, JACOB</b>	<b>3437623900</b>								
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6/13/25	92014	1	Exam - Comp	165.00	53.20	10.00	0.00	0.00	43.20	IF
	92015	1	Refraction	50.00	13.30	0.00	0.00	0.00	13.30	
	V2103	2	Lens - SV	130.00	14.50	25.00	0.00	0.00	-10.50	
	V2750	2	Anti-Reflective Coating Per Lens	49.00	0.00	0.00	0.00	0.00	0.00	
	V2784	2	Lens, Polycarbonate Or Equal, Any Ind	50.00	0.00	0.00	0.00	0.00	0.00	
		1	Cov+Cop - AD - Polycarbonate	0.00	35.00	0.00	35.00	14.00	-14.00	
		1	Cov+Cop - QM - Anti-Reflective Coatin	0.00	39.20	0.00	39.20	21.00	-21.00	
	V2020	1	Frame/Disp - Dr Supplied \$57	249.00	153.70	0.00	79.20	0.00	74.50	
<b>Totals</b>					<b>693.00</b>	<b>308.90</b>	<b>35.00</b>	<b>153.40</b>	<b>85.50</b>	

<b>CHOICE</b>	<b>GUIUA787656</b>	<b>MEDINA, WILMER</b>	<b>3388630500</b>								
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6/12/25	92004	1	Exam - Comp	189.00	53.20	10.00	0.00	0.00	43.20	
	92015	1	Refraction	50.00	13.30	0.00	0.00	0.00	13.30	
<b>Totals</b>					<b>239.00</b>	<b>66.50</b>	<b>10.00</b>	<b>0.00</b>	<b>56.50</b>	

<b>CHOICE</b>	<b>NCC49709554</b>	<b>MONCIVAIS, ABBY</b>	<b>3333578900</b>								
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6/11/25	92014	1	Exam - Comp	165.00	53.20	15.00	0.00	0.00	38.20	
	92015	1	Refraction	50.00	13.30	0.00	0.00	0.00	13.30	
<b>Totals</b>					<b>215.00</b>	<b>66.50</b>	<b>15.00</b>	<b>0.00</b>	<b>51.50</b>	

<b>CHOICE</b>	<b>NCC49709554</b>	<b>MONCIVAIS, ABBY</b>	<b>3333584600</b>								
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6/11/25	V2521	12	Contact Lenses	170.00	170.00	0.00	0.00	0.00	170.00	E2
<b>Totals</b>					<b>170.00</b>	<b>170.00</b>	<b>0.00</b>	<b>0.00</b>	<b>170.00</b>	



Plan	Insured ID	Patient Name	Pt Acct #	Claim Number			Patient Pays Doctor		VSP Lab Allocation	VSP Pays Doctor	
					Billed Amount	Total Compensation	CoPay	Patient Pay Materials	Plan Provided Materials	Provider Payment	Message Code(s)
	Service Date	Proc Code/ Modifiers	Unit(s)	Service Description							

<b>ENHCDAD XXXXX8369 MONDEN, COLTON 3332172700</b>										
V	6/11/25	92014	1 Exam - Comp	165.00	50.00	0.00	0.00	0.00	50.00	
		92015	1 Refraction	50.00	0.00	0.00	0.00	0.00	0.00	5X
<b>Totals</b>				<b>215.00</b>	<b>50.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>50.00</b>	

<b>CHOICE XXXXX2333 MORENO, LILIANA 3461310800 IF</b>										
	4/07/25	92014	1 Exam - Comp	165.00	53.20	25.00	0.00	0.00	28.20	
		92015	1 Refraction	50.00	13.30	0.00	0.00	0.00	13.30	
		V2104	2 Lens - SV	130.00	14.50	0.00	0.00	0.00	14.50	
		V2750	2 Anti-Reflective Coating Per Lens	49.00	0.00	0.00	0.00	0.00	0.00	7K
		V2784	2 Lens, Polycarbonate Or Equal, Any Ind	50.00	0.00	0.00	0.00	0.00	0.00	7K
			1 Cov - AD - Polycarbonate	0.00	6.00	0.00	0.00	6.00	0.00	
			1 Cov+Cop - QM - Anti-Reflective Coatin	0.00	39.20	0.00	39.20	21.00	-21.00	OP
<b>Totals</b>				<b>444.00</b>	<b>126.20</b>	<b>25.00</b>	<b>39.20</b>	<b>27.00</b>	<b>35.00</b>	

<b>ENHCDAD XXXXX5079 NICCUM, BRANDON 3461389100</b>										
V	6/13/25	92014	1 Exam - Comp	165.00	50.00	0.00	0.00	0.00	50.00	
		92015	1 Refraction	50.00	0.00	0.00	0.00	0.00	0.00	5X
<b>Totals</b>				<b>215.00</b>	<b>50.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>50.00</b>	

<b>ENHCDAD XXXXX7148 OLINGER, GLEN 3438859500</b>										
V	6/13/25	92014	1 Exam - Comp	165.00	50.00	0.00	0.00	0.00	50.00	
		92015	1 Refraction	50.00	0.00	0.00	0.00	0.00	0.00	5X
<b>Totals</b>				<b>215.00</b>	<b>50.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>50.00</b>	

<b>CHOICE NCC46036731 ORTEGA, HILDA PATRIC 3263644300</b>										
	6/09/25	V2781	2 Progressive Lens, Per Lens	510.00	18.50	25.00	0.00	0.00	-6.50	OP
		V2203	2 Lens - Bifocal	0.00	24.56	0.00	0.00	24.56	0.00	5X
		V2744	2 Tint Photochromatic Per Lens	100.00	0.00	0.00	0.00	0.00	0.00	7K
		V2750	2 Anti-Reflective Coating Per Lens	99.00	0.00	0.00	0.00	0.00	0.00	7K
		V2784	2 Lens, Polycarbonate Or Equal, Any Ind	50.00	0.00	0.00	0.00	0.00	0.00	7K
			1 Cov+Cop - OD - Progressive in Polycar	0.00	35.00	0.00	35.00	15.00	-15.00	OP
			1 Cov+Cop - PR - Photochromic Plastic	0.00	75.00	0.00	75.00	45.00	-45.00	OP
			1 Cov+Cop - OA - Progressive in Plastic	0.00	150.00	0.00	150.00	79.00	-79.00	OP
			2 Cov+Cop - QT - Anti-Reflective Coatin	0.00	68.00	0.00	68.00	41.00	-41.00	OP
		V2020	1 Frame/Disp - Dr Supplied \$58	229.00	68.53	0.00	0.00	0.00	68.53	1C
<b>Totals</b>				<b>988.00</b>	<b>439.59</b>	<b>25.00</b>	<b>328.00</b>	<b>204.56</b>	<b>-117.97</b>	

<b>SIG PLAN XXXXX7493 PROCK, EMILY 3438867300</b>										
	6/13/25	92014	1 Exam - Comp	165.00	54.00	10.00	0.00	0.00	44.00	
		92015	1 Refraction	50.00	13.50	0.00	0.00	0.00	13.50	
<b>Totals</b>				<b>215.00</b>	<b>67.50</b>	<b>10.00</b>	<b>0.00</b>	<b>0.00</b>	<b>57.50</b>	

<b>SIG PLAN XXXXX7493 PROCK, EMILY 3438868600</b>										
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Plan	Insured ID	Patient Name	Pt Acct #	Claim Number			Patient Pays Doctor		VSP Lab Allocation	VSP Pays Doctor	
					Billed Amount	Total Compensation	CoPay	Patient Pay Materials	Plan Provided Materials	Provider Payment	Message Code(s)
	Service Date	Proc Code/ Modifiers	Unit(s)	Service Description							

	6/13/25	V2521	12	Contact Lenses	144.00	144.00	0.00	0.00	0.00	144.00	
				<b>Totals</b>	<b>144.00</b>	<b>144.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>144.00</b>	

<b>CHOICE</b>	<b>XXXXX2950</b>	<b>PRUETT, DELANEY</b>	<b>3332153600</b>	
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	6/11/25	92014	1	Exam - Comp	165.00	53.20	0.00	0.00	0.00	53.20	
		92015	1	Refraction	50.00	13.30	0.00	0.00	0.00	13.30	
				<b>Totals</b>	<b>215.00</b>	<b>66.50</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>66.50</b>	

<b>CHOICE</b>	<b>0000891591</b>	<b>RAMIREZ, PAULINA</b>	<b>3333611300</b>	<b>IF</b>
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	6/11/25	92014	1	Exam - Comp	165.00	53.20	0.00	0.00	0.00	53.20	
		92015	1	Refraction	50.00	13.30	0.00	0.00	0.00	13.30	
		V2103	2	Lens - SV	130.00	14.50	25.00	0.00	0.00	-10.50	
		V2750	2	Anti-Reflective Coating Per Lens	49.00	0.00	0.00	0.00	0.00	0.00	7K
		V2784	2	Lens, Polycarbonate Or Equal, Any Ind	50.00	0.00	0.00	0.00	0.00	0.00	7K
			1	Cov - AD - Polycarbonate	0.00	6.00	0.00	0.00	6.00	0.00	
			1	Cov+Cop - QM - Anti-Reflective Coatin	0.00	39.20	0.00	39.20	21.00	-21.00	OP
		V2020	1	Frame/Disp - Dr Supplied \$86	169.00	95.62	0.00	0.00	0.00	95.62	1C
				<b>Totals</b>	<b>613.00</b>	<b>221.82</b>	<b>25.00</b>	<b>39.20</b>	<b>27.00</b>	<b>130.62</b>	

<b>CHOICE</b>	<b>XXXXX6337</b>	<b>RICENBAW, CRYSTAL</b>	<b>3388593600</b>	
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	6/11/25	92014	1	Exam - Comp	165.00	53.20	10.00	0.00	0.00	43.20	
		92015	1	Refraction	50.00	13.30	0.00	0.00	0.00	13.30	
				<b>Totals</b>	<b>215.00</b>	<b>66.50</b>	<b>10.00</b>	<b>0.00</b>	<b>0.00</b>	<b>56.50</b>	

<b>CHOICE</b>	<b>XXXXX1014</b>	<b>SILVA, ANGELA</b>	<b>3332116400</b>	
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	6/11/25	92004	1	Exam - Comp	189.00	53.20	0.00	0.00	0.00	53.20	
		92015	1	Refraction	50.00	13.30	0.00	0.00	0.00	13.30	
				<b>Totals</b>	<b>239.00</b>	<b>66.50</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>66.50</b>	

<b>CHOICE</b>	<b>XXXXX1014</b>	<b>SILVA, VERONICA</b>	<b>3332136300</b>	
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	6/11/25	92004	1	Exam - Comp	189.00	53.20	0.00	0.00	0.00	53.20	
		92015	1	Refraction	50.00	13.30	0.00	0.00	0.00	13.30	
				<b>Totals</b>	<b>239.00</b>	<b>66.50</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>66.50</b>	

<b>EXAMONL</b>	<b>XXXXX7512</b>	<b>THOMPSON, TANDI</b>	<b>3333620200</b>	
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<b>V</b>	6/11/25	92004	1	Exam - Comp	189.00	53.20	0.00	0.00	0.00	53.20	
		92015	1	Refraction	50.00	13.30	0.00	0.00	0.00	13.30	
				<b>Totals</b>	<b>239.00</b>	<b>66.50</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>66.50</b>	

<b>ENHCAD</b>	<b>XXXXX9952</b>	<b>TRAYNOR, TUCK</b>	<b>3437577400</b>	<b>IF</b>
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<b>V</b>	6/13/25	92014	1	Exam - Comp	165.00	50.00	0.00	0.00	0.00	50.00	
		92015	1	Refraction	50.00	0.00	0.00	0.00	0.00	0.00	5X
		V2100	1	Lens - SV	65.00	8.00	0.00	0.00	0.00	8.00	
		V2103	1	Lens - SV	65.00	8.00	0.00	0.00	0.00	8.00	
		V2744	2	Tint Photochromatic Per Lens	100.00	0.00	0.00	0.00	0.00	0.00	7K



Plan	Insured ID	Patient Name	Pt Acct #	Claim Number			Patient Pays Doctor		VSP Lab Allocation	VSP Pays Doctor	
					Billed Amount	Total Compensation	CoPay	Patient Pay Materials	Plan Provided Materials	Provider Payment	Message Code(s)
	Service Date	Proc Code/ Modifiers	Unit(s)	Service Description							

	V2750	2		Anti-Reflective Coating Per Lens	99.00	0.00	0.00	0.00	0.00	0.00	7K
	V2784	2		Lens, Polycarbonate Or Equal, Any Ind	50.00	0.00	0.00	0.00	0.00	0.00	7K
		1		Cov+Cop - PR - Photochromic Plastic	0.00	75.00	0.00	75.00	45.00	-45.00	OP
		1		Cov+Cop - AD - Polycarbonate	0.00	35.00	0.00	35.00	14.00	-14.00	OP
		1		Cov+Cop - QT - Anti-Reflective Coatin	0.00	68.00	0.00	68.00	41.00	-41.00	OP
	V2020	1		Frame/Disp - Dr Supplied \$57	199.00	76.00	0.00	*	0.00	76.00	1C PM 05 OM
				<b>Totals</b>	<b>793.00</b>	<b>320.00</b>	<b>0.00</b>	<b>178.00</b>	<b>100.00</b>	<b>42.00</b>	

**Total Provider:** 11299.00 4228.32 290.00 1156.60 707.12 2074.60

**TOTAL THIS OFFICE:** 15766.00 6299.72 375.00 1674.00 797.12 3453.60

**TOTAL ALL OFFICES:** 15766.00 6299.72 375.00 1674.00 797.12 3453.60

### In-Office Finishing (IOF)

Plan	Insured ID	Patient Name	Pt Acct #	Claim Number		VSP Pays Doctor	
		Service Description				IOF Provider Payment	Message Code(s)
ENHCDAD	XXXXX6400	LOTT, ALAINA	3437763800				IF
V		In-Office Finishing Service				55.00	
CHOICE	XXXXX1208	MITCHELL, JAMES	3437849700				IF
		In-Office Finishing Service				35.00	
CHOICE	XXXXX6660	DICKSON, CAMERON	3437667100				IF
		In-Office Finishing Service				92.00	
CHOICE	0010610469	GARCIA, JOSHUA	3438861500				IF
		In-Office Finishing Service				35.00	
ENHCDAD	XXXXX2773	GLENN, BRENDAN	3280534600				IF
V		In-Office Finishing Service				27.00	
CHOICE	XXXXX3114	KEY, JACOB	3437623900				IF
		In-Office Finishing Service				35.00	
CHOICE	XXXXX2333	MORENO, LILIANA	3461310800				IF
		In-Office Finishing Service				27.00	
CHOICE	0000891591	RAMIREZ, PAULINA	3333611300				IF
		In-Office Finishing Service				27.00	





Plan	Insured ID	Patient Name	Pt Acct #	Claim Number			Patient Pays Doctor		VSP Lab Allocation	VSP Pays Doctor	
					Billed Amount	Total Compensation	CoPay	Patient Pay Materials	Plan Provided Materials	Provider Payment	Message Code(s)
Service Date	Proc Code/ Modifiers	Unit(s)	Service Description								

**In-Office Finishing (IOF)**

Plan	Insured ID	Patient Name	Pt Acct #	Claim Number					VSP Pays Doctor	
									IOF Provider Payment	Message Code(s)
Service Description										
ENHCDAD XXXXX9952 V		TRAYNOR, TUCK		3437577400					100.00	IF
In-Office Finishing Service										

**Totals****433.00**

Check#: 98218137

Total VSP Check

3,886.60

	Current	YTD
Number of Claims:	46	1329
Total Compensation:	\$6,299.72	\$245,475.21
Provider Payment:	\$3,453.60	\$98,615.75
Patient Payments:	\$2,049.00	\$108,187.20
^IOF Provider Payment:	\$433.00	\$10,527.00
Plan Provided Materials:	\$364.12	\$28,145.26

^ Sum of Provider Payment + IOF Provider Payment equals Check Amount



Plan	Insured ID	Patient Name	Pt Acct #	Claim Number			Patient Pays Doctor		VSP Lab Allocation	VSP Pays Doctor	
					Billed Amount	Total Compensation	CoPay	Patient Pay Materials	Plan Provided Materials	Provider Payment	Message Code(s)
Service Date	Proc Code/ Modifiers	Unit(s)	Service Description								

**Message Codes:****EO: EasyOptions Claim****E2: EasyOptions Contact Lens Upgrade****IF: Stock In-Office Finishing services performed****OM: Billed amount over the maximum allowed for this service.****OP: Patient pays VSP enhancement price for this service.****PM: \* Asterisk - VSP is unable to provide Patient Pay Materials for this plan. Please refer to the PRM for appropriate billing.****01: Service not requested on Benefit Request (Authorization)****05: Wholesale frame amount over limit.****1C: Benefit maximum for this time period or occurrence has been reached.****5X: This service is included in the reimbursement of another procedure billed for this date of service.****6S: Service is not payable due to related service being denied or not present on the claim.****7K: Refer to Provider Reference Manual under Covered and Non-Covered Enhancements.**

If your patient's employer pays for all or part of their benefits, the patient has certain appeal rights under ERISA. VSP requests that you communicate this information to your patients upon denial of a claim or service for which the patient would be financially responsible.

An appeal of a denied claim must be filed within 180 days of this notification. An ERISA patient may obtain copies of all documents, records, and other information relevant to their appeal, free-of-charge. Once all mandatory appeals have been completed, ERISA patients may have other voluntary alternative dispute resolution options. Your patient may refer to their Evidence of Coverage or Standard Plan Description, contact their local U.S. Department of Labor Office or their State Insurance regulatory agency to find out what is available. Under ERISA Section 502(a)(i)(B), the patient has the right to bring a civil action. This right can be exercised when all required reviews of their claim have been made and the patient disagrees with the outcome.

Our goal is to make the claims process quick, accurate and simple for your office. Should you need to correct a claim, we want to help. For assistance, please contact our Provider Service's Support line at: 1-800-615-1883 (Monday through Friday, 5 a.m. to 8 p.m. PST, Saturday and Sunday, 7 a.m. to 8 p.m. PST), or write to: VSP, P.O. Box 997100, Sacramento, CA 95899.

To ensure proper handling, please contact us within 180 days of this notice and remember to include the original claim number, as found on this Remittance Advice, in box 22 of any resubmitted CMS-1500 claim form (formerly known as the HCFA-1500 claim form). Additional claim correction options and appeal instructions are outlined in VSP's Provider Reference Manual.