Date: 06/20/25 Check # 98218137

AMARILLO EYE ASSOCIATES PA Doctor Payment Arrangement: \*\*\*\*\*8938 8601 SW 45TH AVE AMARILLO TX 79119-0000



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Plan	Insured ID	Patient N	lame Pt Acct	# Claim Number				t Pays ctor	VSP Lab Allocation	VSP Pays Doctor	
				Number				Patient	Plan	Doctor	
		Proc Code/			Billed	Total	CoPay	Pay	Provided	Provider	Message
	Service Dat		Unit(s) Service Descripti	ion	Amount	Compensation	COFay	Materials	Materials	Payment	Code(s)
				1011	Amount	Compensation		Materiais	Materiais	i ayını <del>c</del> ını	Oude(s)
Office:	8601 SW	45TH AVE AMARI	ILLO TX 79119								
Doctor:	JAMES A	A FITCH OD									
CHOICE	XXXXX0428	BROWN, SHAWN		3388651700							
	6/12/25	92014	1 Exam - Comp		165.00		20.00	0.00	0.00	33.20	
		92015	1 Refraction		50.00		0.00	0.00		13.30	
				Totals	215.00	66.50	20.00	0.00	0.00	46.50	
CHOICE	GU94711790	0 EPPISON, BRENNA	A	3437798700							
	6/13/25	92014	1 Exam - Comp		165.00	53.20	10.00	0.00	0.00	43.20	
	0/13/23	92014	1 Refraction		50.00	13.30	0.00	0.00	0.00	13.30	
				Totals	215.00		10.00		0.00	56.50	
EXAMONL	XXXXX8390	GARCIA, JOSE		3280489700							
Y	6/10/25	92014	1 Exam - Comp		165.00		0.00	0.00	0.00	53.20	
		92015	1 Refraction	Totals	50.00 <b>215.00</b>	13.30 <b>66.50</b>	0.00 <b>0.00</b>	0.00 <b>0.00</b>	0.00 <b>0.00</b>	13.30 <b>66.50</b>	
ENLLODAD	XXXXX6400	LOTT ALAIMA		3437763800	215.00	66.50	0.00	0.00	0.00	66.50	IF
IENHCDAD	<b>* AAAAAQ4UU</b>	LUTI. ALAINA		343//63600							T T
V	6/13/25	LOTT, ALAINA 92014	1 Exam - Comp	3437763800	l 165.00	50.00	0.00	0.00	0.00	50.00	ir .
		92014 92015	1 Exam - Comp 1 Refraction	3437763800	165.00 50.00	50.00 0.00	0.00	0.00 0.00	0.00	50.00 0.00	5X
		92014 92015 V2103	1 Refraction 2 Lens - SV		50.00 130.00	0.00 16.00	0.00 0.00	0.00 0.00	0.00 0.00	0.00 16.00	5X
		92014 92015 V2103 V2750	1 Refraction ' 2 Lens - SV 2 Anti-Reflective Coating	Per Lens	50.00 130.00 99.00	0.00 16.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 16.00 0.00	5X 7K
		92014 92015 V2103	1 Refraction 2 Lens - SV 2 Anti-Reflective Coating 2 Lens, Polycarbonate O	Per Lens Pr Equal, Any Ind	50.00 130.00 99.00 50.00	0.00 16.00 0.00 0.00	00.0 00.0 00.0 00.0	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	0.00 16.00 0.00 0.00	5X 7K 7K
		92014 92015 V2103 V2750	Refraction     Lens - SV     Anti-Reflective Coating     Lens, Polycarbonate O     Cov+Cop - QT - Anti-Ref	Per Lens Pr Equal, Any Ind eflective Coatin	50.00 130.00 99.00	0.00 16.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00 0.00 68.00	0.00 0.00 0.00	0.00 16.00 0.00	5X 7K
		92014 92015 V2103 V2750	1 Refraction 2 Lens - SV 2 Anti-Reflective Coating 2 Lens, Polycarbonate O	Per Lens Pr Equal, Any Ind eflective Coatin arbonate	50.00 130.00 99.00 50.00 0.00	0.00 16.00 0.00 0.00 68.00	0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 41.00	0.00 16.00 0.00 0.00 -41.00 -14.00	5X 7K 7K 0P
		92014 92015 V2103 V2750 V2784	1 Refraction 2 Lens - SV 2 Anti-Reflective Coating 2 Lens, Polycarbonate O 1 Cov+Cop - QT - Anti-Re 1 Cov+Cop - AD - Polyca	Per Lens Pr Equal, Any Ind eflective Coatin arbonate	50.00 130.00 99.00 50.00 0.00	0.00 16.00 0.00 0.00 68.00 35.00 76.00	0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 68.00 35.00	0.00 0.00 0.00 0.00 41.00 14.00	0.00 16.00 0.00 0.00 -41.00 -14.00	5X 7K 7K OP OP
ENHCDAD	6/13/25 • XXXXX3851	92014 92015 V2103 V2750 V2784 V2020	Refraction     Lens - SV     Anti-Reflective Coating     Lens, Polycarbonate O     Cov+Cop - QT - Anti-Reflective Coupled     Frame/Disp - Dr Supplier	Per Lens or Equal, Any Ind eflective Coatin arbonate ed \$57	50.00 130.00 99.00 50.00 0.00 0.00 300.00	0.00 16.00 0.00 0.00 68.00 35.00 76.00 <b>245.00</b>	0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 68.00 35.00	0.00 0.00 0.00 0.00 41.00 14.00 0.00	0.00 16.00 0.00 0.00 -41.00 -14.00 76.00 <b>87.00</b>	5X 7K 7K OP OP
V	6/13/25	92014 92015 V2103 V2750 V2784 V2020 LOTT, MITCHELL 92014	1 Refraction 2 Lens - SV 2 Anti-Reflective Coating 2 Lens, Polycarbonate O 1 Cov+Cop - QT - Anti-Re 1 Cov+Cop - AD - Polyca 1 Frame/Disp - Dr Suppli	Per Lens or Equal, Any Ind eflective Coatin arbonate ed \$57 <b>Totals</b>	50.00 130.00 99.00 50.00 0.00 300.00 <b>794.00</b>	0.00 16.00 0.00 0.00 68.00 35.00 76.00 245.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 68.00 35.00 * 103.00	0.00 0.00 0.00 0.00 41.00 14.00 0.00 55.00	0.00 16.00 0.00 0.00 -41.00 -14.00 76.00 <b>87.00</b>	5X 7K 7K OP OP 1C PM 05 OM
ENHCDAD	6/13/25 • XXXXX3851	92014 92015 V2103 V2750 V2784 V2020	Refraction     Lens - SV     Anti-Reflective Coating     Lens, Polycarbonate O     Cov+Cop - QT - Anti-Reflective Coupled     Frame/Disp - Dr Supplier	Per Lens or Equal, Any Ind eflective Coatin arbonate ed \$57 Totals 3438862700	50.00 130.00 99.00 50.00 0.00 300.00 <b>794.00</b>	0.00 16.00 0.00 0.00 68.00 35.00 76.00 245.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 68.00 35.00 * 103.00	0.00 0.00 0.00 0.00 41.00 14.00 0.00 55.00	0.00 16.00 0.00 -0.00 -41.00 -14.00 76.00 87.00	5X 7K 7K OP OP
ENHCDAD	6/13/25  • XXXXX3851  6/13/25	92014 92015 V2103 V2750 V2784 V2020 LOTT, MITCHELL 92014 92015	1 Refraction 2 Lens - SV 2 Anti-Reflective Coating 2 Lens, Polycarbonate O 1 Cov+Cop - QT - Anti-Re 1 Cov+Cop - AD - Polyca 1 Frame/Disp - Dr Suppli	Per Lens or Equal, Any Ind eflective Coatin arbonate ed \$57 Totals 3438862700 Totals	50.00 130.00 99.00 50.00 0.00 300.00 <b>794.00</b>	0.00 16.00 0.00 0.00 68.00 35.00 76.00 245.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 68.00 35.00 * 103.00	0.00 0.00 0.00 0.00 41.00 14.00 0.00 55.00	0.00 16.00 0.00 0.00 -41.00 -14.00 76.00 <b>87.00</b>	5X 7K 7K OP OP 1C PM 05 OM
ENHCDAD	6/13/25  • XXXXX3851  6/13/25	92014 92015 V2103 V2750 V2784 V2020 LOTT, MITCHELL 92014 92015	Refraction     Lens - SV     Anti-Reflective Coating     Lens, Polycarbonate O     Cov+Cop - QT - Anti-Reflective Courter of Cov+Cop - AD - Polycation     Frame/Disp - Dr Supplication     Exam - Comp     Refraction	Per Lens or Equal, Any Ind eflective Coatin arbonate ed \$57 Totals 3438862700	50.00 130.00 99.00 50.00 0.00 300.00 <b>794.00</b> 165.00 215.00	0.00 16.00 0.00 68.00 35.00 76.00 <b>245.00</b> 50.00 50.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0.00 0.00 0.00 68.00 35.00 * ** ** ** ** ** ** ** ** ** ** ** ** *	0.00 0.00 0.00 0.00 41.00 14.00 0.00 55.00	0.00 16.00 0.00 0.00 -41.00 -14.00 76.00 87.00 50.00 0.00	5X 7K 7K OP OP 1C PM 05 OM
ENHCDAD	6/13/25  • XXXXX3851  6/13/25	92014 92015 V2103 V2750 V2784 V2020 LOTT, MITCHELL 92014 92015	1 Refraction 2 Lens - SV 2 Anti-Reflective Coating 2 Lens, Polycarbonate O 1 Cov+Cop - QT - Anti-Re 1 Cov+Cop - AD - Polyca 1 Frame/Disp - Dr Suppli	Per Lens or Equal, Any Ind eflective Coatin arbonate ed \$57 Totals 3438862700 Totals	50.00 130.00 99.00 50.00 0.00 300.00 <b>794.00</b>	0.00 16.00 0.00 68.00 35.00 76.00 <b>245.00</b> 50.00 50.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 68.00 35.00 * 103.00	0.00 0.00 0.00 0.00 41.00 14.00 0.00 55.00	0.00 16.00 0.00 -0.00 -41.00 -14.00 76.00 87.00	5X 7K 7K OP OP 1C PM 05 OM
ENHCDAD	6/13/25  • XXXXX3851  6/13/25  • XXXXX3851  6/13/25  XXXXX1208	92014 92015 V2103 V2750 V2784 V2020 LOTT, MITCHELL 92014 92015	1 Refraction 2 Lens - SV 2 Anti-Reflective Coating 2 Lens, Polycarbonate O 1 Cov+Cop - QT - Anti-Re 1 Cov+Cop - AD - Polyca 1 Frame/Disp - Dr Supplie  1 Exam - Comp 1 Refraction  24 Contact Lenses	Per Lens or Equal, Any Ind effective Coatin arbonate ed \$57 Totals 3438862700  Totals 3438865300	50.00 130.00 99.00 50.00 0.00 300.00 794.00 165.00 50.00 215.00	0.00 16.00 0.00 68.00 35.00 76.00 <b>245.00</b> 50.00 50.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0.00 0.00 0.00 68.00 35.00 * 103.00 0.00 0.00	0.00 0.00 0.00 41.00 14.00 0.00 55.00	0.00 16.00 0.00 0.00 -41.00 -14.00 76.00 <b>87.00</b> 50.00 50.00 130.00	5X 7K 7K OP OP 1C PM 05 OM
ENHCDAD V ENHCDAD V	6/13/25  • XXXXX3851  6/13/25  • XXXXX3851  6/13/25	92014 92015 V2103 V2750 V2784 V2020 LOTT, MITCHELL 92014 92015 LOTT, MITCHELL V2521 MITCHELL, JAMES 92004	1 Refraction 2 Lens - SV 2 Anti-Reflective Coating 2 Lens, Polycarbonate O 1 Cov+Cop - QT - Anti-Re 1 Cov+Cop - AD - Polyca 1 Frame/Disp - Dr Supplie  1 Exam - Comp 1 Refraction  24 Contact Lenses	Per Lens or Equal, Any Ind effective Coatin arbonate ed \$57 Totals 3438862700  Totals 3438865300 Totals	50.00 130.00 99.00 50.00 0.00 300.00 <b>794.00</b> 165.00 215.00 260.00 260.00	0.00 16.00 0.00 68.00 35.00 76.00 245.00 50.00 50.00 260.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0.00 0.00 0.00 0.00 68.00 35.00 * 103.00 0.00 0.00 130.00	0.00 0.00 0.00 0.00 41.00 14.00 0.00 55.00	0.00 16.00 0.00 0.00 -41.00 -14.00 76.00 87.00 50.00 50.00 130.00 130.00	5X 7K 7K OP OP 1C PM 05 OM 5X
ENHCDAD V ENHCDAD V	6/13/25  • XXXXX3851  6/13/25  • XXXXX3851  6/13/25  XXXXX1208	92014 92015 V2103 V2750 V2784 V2020 LOTT, MITCHELL 92014 92015 LOTT, MITCHELL V2521 MITCHELL, JAMES 92004 92015	1 Refraction 2 Lens - SV 2 Anti-Reflective Coating 2 Lens, Polycarbonate O 1 Cov+Cop - QT - Anti-Re 1 Cov+Cop - AD - Polyca 1 Frame/Disp - Dr Supplie  1 Exam - Comp 1 Refraction  24 Contact Lenses  1 Exam - Comp 1 Refraction	Per Lens or Equal, Any Ind effective Coatin arbonate ed \$57 Totals 3438862700  Totals 3438865300 Totals	50.00 130.00 99.00 50.00 0.00 300.00 <b>794.00</b> 165.00 <b>215.00</b> 260.00 189.00 50.00	0.00 16.00 0.00 68.00 35.00 76.00 245.00 50.00 50.00 260.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0.00 0.00 0.00 68.00 35.00 * 103.00 0.00 0.00 130.00	0.00 0.00 0.00 41.00 14.00 55.00 0.00 0.00 0.00 0.00	0.00 16.00 0.00 0.00 -41.00 -14.00 76.00 87.00 50.00 50.00 130.00 130.00 130.00	5X 7K 7K OP OP 1C PM 05 OM 5X
ENHCDAD V ENHCDAD V	6/13/25  • XXXXX3851  6/13/25  • XXXXX3851  6/13/25  XXXXX1208	92014 92015 V2103 V2750 V2784 V2020 LOTT, MITCHELL 92014 92015 LOTT, MITCHELL V2521 MITCHELL, JAMES 92004	1 Refraction 2 Lens - SV 2 Anti-Reflective Coating 2 Lens, Polycarbonate O 1 Cov+Cop - QT - Anti-Re 1 Cov+Cop - AD - Polyca 1 Frame/Disp - Dr Supplie  1 Exam - Comp 1 Refraction  24 Contact Lenses	Per Lens or Equal, Any Ind effective Coatin arbonate ed \$57  Totals  3438862700  Totals  3438865300  Totals  3437849700	50.00 130.00 99.00 50.00 0.00 300.00 <b>794.00</b> 165.00 215.00 260.00 260.00	0.00 16.00 0.00 68.00 35.00 76.00 245.00 50.00 50.00 260.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0.00 0.00 0.00 0.00 68.00 35.00 * 103.00 0.00 0.00 130.00	0.00 0.00 0.00 41.00 14.00 55.00 0.00 0.00 0.00 0.00	0.00 16.00 0.00 0.00 -41.00 -14.00 76.00 87.00 50.00 50.00 130.00 130.00	5X 7K 7K OP OP 1C PM 05 OM 5X





## AMARILLO EYE ASSOCIATES PA 8601 SW 45TH AVE AMARILLO TX 79119-0000

Doctor Payment Arrangement: \*\*\*\*\*8938

			0001 311 431	M AVE AIVIARILL	-O IA / 311.	J-0000					rayez
Plan	Insured ID	Patient N	lame Pt Acct #	Claim			Patien	t Pays	VSP Lab	VSP Pays	
				Number			Doo	-	Allocation	Doctor	
						Total		Patient	Plan	2 3 3 1 3 .	
		Proc Code/			Billed	Compensation	CoPay	Pay	Provided	Provider	Message
	Service Dat		Unit(a) Camilaa Dagarintian		Amount	Compensation	Coray				
	Service Dai	e iviodiners	Unit(s) Service Description		Amount			Materials	Materials	Payment	Code(s)
1		V2784	<ul><li>2 Lens, Polycarbonate Or E</li><li>1 Cov+Cop - QM - Anti-Refl</li></ul>	qual, Any Ind	50.00 0.00		0.00 0.00	0.00 39.20	0.00 21.00	0.00 -21.00	7 <b>K</b> OP
			1 Cov+Cop - AD - Polycarbo	onate	0.00		0.00	35.00	14.00	-14.00	OP
		V2020	1 Frame/Disp - Dr Supplied	\$76	369.00		0.00	135.20	0.00	93.50	1C 05 OM
				Totals	837.00		35.00	209.40	35.00	104.50	
ENHCDAD	XXXXX3365	ONDARA, TOMMY		3437547600							
٧	6/13/25	92014	1 Exam - Comp		165.00	50.00	0.00	0.00	0.00	50.00	
		92015	1 Refraction	Takala	50.00		0.00	0.00	0.00	0.00	5X
				Totals	215.00	50.00	0.00	0.00	0.00	50.00	
CHOICE	XXXXX6337	RICENBAW, JEFF		3437823600				·	ı		
	6/13/25	92004	1 Exam - Comp		189.00		10.00	0.00	0.00	43.20	
		92015	1 Refraction	Totals	50.00 <b>239.00</b>		0.00 <b>10.00</b>	0.00 <b>0.00</b>	0.00 <b>0.00</b>	13.30 <b>56.50</b>	
					239.00	66.50	10.00	0.00	0.00	36.30	
CHOICE	XXXXX4434	VICK, JADE		3280499800							
	6/10/25	V2521	24 Contact Lenses	<b>-</b>	320.00	320.00	0.00	70.00	0.00	250.00	1C
				Totals	320.00	320.00	0.00	70.00	0.00	250.00	
			Total Pr	ovider:	3525.00	1574.90	75.00	512.40	90.00	897.50	
Doctor:	RYANCI	HOLLINGSWORTI			33_333			0.2			
CHOICE	GU94816519	2 AVILA GONZALEZ	Z, NORMA	3518318600							
	6/16/25	V2520	6 Contact Lenses		117.00	117.00	0.00	0.00	0.00	117.00	
				Totals	117.00	117.00	0.00	0.00	0.00	117.00	
CHOICE	GU94816519	2 AVILA GONZALEZ	Z, NORMA	3518364400							
	6/16/25	92014	1 Exam - Comp		165.00		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	FM1412663	CHAMPION, EZRA	Н	3331996100							
	6/11/25	92014	1 Exam - Comp		165.00	53.20	0.00	0.00	0.00	53.20	<del></del>
		92015	1 Refraction	Takala	50.00		0.00	0.00	0.00	13.30	
				Totals	215.00	66.50	0.00	0.00	0.00	66.50	
CHOICE	FM1412663	CHAMPION, URIJA		3332022000							
	6/11/25	92014	1 Exam - Comp		165.00		0.00	0.00	0.00	53.20	<del></del>
		92015	1 Refraction	<b>.</b>	50.00		0.00	0.00	0.00	13.30	
				Totals	215.00	66.50	0.00	0.00	0.00	66.50	



AMARILLO EYE ASSOCIATES PA 8601 SW 45TH AVE AMARILLO TX 79119-0000 Doctor Payment Arrangement: \*\*\*\*\*8938 Page3

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

ENHCDAD	XXXXX2301	HART, JENNIFER	3518345	5100						
V	6/16/25	V2520	24 Contact Lenses <b>Total</b>	s 180.00 180.00	180.00 <b>180.00</b>	0.00 <b>00.0</b>	5.00 <b>5.00</b>	0.00 <b>0.00</b>	175.00 <b>175.00</b>	1C
Doctor:	STERLIN	G SCHAEFFER OD	Total Provider:	942.00	496.50	10.00	5.00	0.00	481.50	
CHOICE	XXXXX3394	ANDERSON, KIRK	3262147	7000						
	6/09/25	92014 92015 V2781 V2203 V2750 V2784 V2020	1 Exam - Comp 1 Refraction 2 Progressive Lens, Per Lens 2 Lens - Bifocal 2 Anti-Reflective Coating Per Lens 2 Lens, Polycarbonate Or Equal, Any Ind 1 Cov - OA - Progressive in Plastic 1 Cov+Cop - OD - Progressive in Polycal 2 Cov+Cop - QT - Anti-Reflective Coatin 1 Frame/Disp - Dr Supplied \$96	0.00 0.00 0.00 269.00	53.20 13.30 18.50 24.56 0.00 0.00 150.00 35.00 68.00 107.45 470.01	10.00 0.00 25.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00 35.00 68.00 0.00 103.00	0.00 0.00 0.00 24.56 0.00 0.00 79.00 15.00 41.00 0.00 159.56	43.20 13.30 -6.50 0.00 0.00 71.00 -15.00 -41.00 107.45 172.45	5X 7K 7K OP OP 1C
CHOICE	0001007629	CANNEFAX, JEREM	Y 3437703	3700						
	6/13/25	92014 92015	1 Exam - Comp 1 Refraction Total	165.00 50.00 s <b>215.00</b>	53.20 13.30 <b>66.50</b>	0.00 0.00 <b>0.00</b>	0.00 0.00 <b>0.00</b>	0.00 0.00 <b>0.00</b>	53.20 13.30 <b>66.50</b>	
CHOICE	GULAR21797 8	CARBAJAL, ELIZAB	ETH 3518265	5700						
	6/16/25	92014 92015	1 Exam - Comp 1 Refraction Total	165.00 50.00 s <b>215.00</b>	53.20 13.30 <b>66.50</b>	10.00 0.00 <b>10.00</b>	0.00 0.00 <b>0.00</b>	0.00 0.00 <b>0.00</b>	43.20 13.30 <b>56.50</b>	
CHOICE	GU95002230	7 CORTEZ, MELISSA	3438870	0600						
	6/13/25	92004 92015	1 Exam - Comp 1 Refraction Total	189.00 50.00 s <b>239.00</b>	53.20 13.30 <b>66.50</b>	10.00 0.00 <b>10.00</b>	0.00 0.00 <b>0.00</b>	0.00 0.00 <b>0.00</b>	43.20 13.30 <b>56.50</b>	
CHOICE	XXXXX6660	DICKSON, CAMERO		100						IF
	6/13/25	92004 92015 V2103 V2744	<ol> <li>Exam - Comp</li> <li>Refraction</li> <li>Lens - SV</li> <li>Tint Photochromatic Per Lens</li> </ol>	189.00 50.00 130.00 100.00	53.20 13.30 14.50 0.00	10.00 0.00 25.00 0.00	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	43.20 13.30 -10.50 0.00	7 <b>K</b>





AMARILLO EYE ASSOCIATES PA

Doctor Payment Arrangement: \*\*\*\*\*8938

Page4 8601 SW 45TH AVE AMARILLO TX 79119-0000 Plan VSP Pays Insured ID Patient Name Pt Acct# Claim Patient Pays VSP Lab Number Doctor Allocation Doctor Total Patient Plan Proc Code/ Provided Billed Compensation CoPay Pay Provider Message Modifiers Service Date Unit(s) Service Description Amount Materials Materials Payment Code(s) V2750 2 Anti-Reflective Coating Per Lens 99.00 0.00 0.00 0.00 0.00 7K V2784 Lens, Polycarbonate Or Equal, Any Ind 50.00 0.00 0.00 0.00 0.00 0.00 7K Cov - AD - Polycarbonate 0.00 6.00 0.00 0.00 6.00 0.00 Cov+Cop - QT - Anti-Reflective Coatin OP 0.00 68.00 0.00 68.00 41.00 -41.00 Cov+Cop - PR - Photochromic Plastic OΡ 0.00 75.00 0.00 75.00 45.00 -45.00 1 Frame/Disp - Dr Supplied \$57 V2020 169.00 89.70 0.00 15.20 0.00 74.50 1C 05 OM 787.00 319.70 92.00 34.50 35.00 158.20 Totals CHOICE XXXXX1635 DOMINGUEZ, NORMA 3331908100 53.20 6/11/25 92004 Exam - Comp 189.00 10.00 0.00 00.0 43.20 13.30 0.00 92015 1 Refraction 50.00 0.00 0.00 13.30 **Totals** 239.00 66.50 10.00 0.00 0.00 56.50 ENHCDAD XXXXX8337 DOUGLAS, JOHN 3331941300 50.00 0.00 50.00 0.00 0.00 0.00 165.00 6/11/25 92014 Exam - Comp 0.00 0.00 92015 1 Refraction 0.00 0.00 5X 50.00 **Totals** 215.00 50.00 0.00 0.00 0.00 50.00 3331966300 ENHCDAD XXXXX8337 DOUGLAS, JOHN 6/11/25 V2520 12 Contact Lenses 130.00 130.00 0.00 0.00 00.0 130.00 130.00 0.00 130.00 Totals 130.00 0.00 0.00 CHOICE XXXXX0585 **GALIANO. HECTOR** 3388712900 6/12/25 92014 Exam - Comp 165.00 53.20 20.00 0.00 0.00 33.20 92015 Refraction 50.00 13.30 0.00 0.00 0.00 13.30 215.00 66.50 20.00 0.00 0.00 46.50 **Totals** CHOICE 0010610469 GARCIA, JOSHUA 3438861500 IF 6/13/25 Exam - Comp 165.00 92014 53.20 5.00 0.00 48.20 0.00 92015 Refraction 50.00 13.30 0.00 0.00 0.00 13.30 14.50 0.00 4,50 V2104 2 Lens - SV 130.00 10.00 0.00 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 Cov - AD - Polycarbonate 0.00 35.00 0.00 0.00 14.00 21.00 1 Cov+Cop - QM - Anti-Reflective Coatin 21.00 -21.00 OP 0.00 39.20 0.00 39.20 1 Frame/Disp - Dr Supplied \$57 1C 05 OM V2020 249.00 153.70 0.00 79.20 0.00 74.50 693.00 308.90 35.00 140.50 Totals 15.00 118.40 **ENHCDAD XXXXX2773** GLENN, BRENDAN 3280534600 IF 2 Lens - SV 6/10/25 V2103 130.00 0.00 0.00 00.0 16.00 16.00 V2750 Anti-Reflective Coating Per Lens 0.00 0.00 0.00 0.00 0.00 49.00 7K 2 Lens, Polycarbonate Or Equal, Any Ind 0.00 V2784 50.00 0.00 0.00 0.00 0.00 7K Cov - AD - Polycarbonate 0.00 6.00 0.00 0.00 6.00 0.00 Cov+Cop - QM - Anti-Reflective Coatin OP 0.00 39.20 0.00 39.20 21.00 -21.00 V2020 1 Frame/Disp - Dr Supplied \$57 229.00 76.00 0.00 0.00 76.00 1C PM 05 OM



## AMARILLO EYE ASSOCIATES PA 8601 SW 45TH AVE AMARILLO TX 79119-0000

Doctor Payment Arrangement: \*\*\*\*\*8938

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

			Totals	458.00	137.20	0.00	39.20	27.00	71.00	
CHOICE	0000715170	HANCOX, AURELIU	S 3280558600							
	6/10/25	92014 92015	1 Exam - Comp 1 Refraction <b>Totals</b>	165.00 50.00 <b>215.00</b>	53.20 13.30 <b>66.50</b>	0.00 0.00 <b>0.00</b>	0.00 0.00 <b>0.00</b>	0.00 0.00 <b>0.00</b>	53.20 13.30 <b>66.50</b>	
CHOICE	XXXXX8229	IBARRA, CAMILLA	3322358100							
	5/30/25	V2103 V2750 V2784 S0590	2 Lens - SV 2 Lens - SV 1 QM - Anti-Reflective Coating A 1 AD - Polycarbonate 2 Anti-Reflective Coating Per Lens 2 Lens, Polycarbonate Or Equal, Any Ind 1 Other Service	0.00 130.00 0.00 0.00 49.00 50.00 0.00 229.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0.00 0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00	01 01 6S 6S 7K 7K 01
CHOICE	XXXXX3114	KEY, JACOB	3437623900							IF
	6/13/25	92014 92015 V2103 V2750 V2784 V2020	1 Exam - Comp 1 Refraction 2 Lens - SV 2 Anti-Reflective Coating Per Lens 2 Lens, Polycarbonate Or Equal, Any Ind 1 Cov+Cop - AD - Polycarbonate 1 Cov+Cop - QM - Anti-Reflective Coatin 1 Frame/Disp - Dr Supplied \$57	165.00 50.00 130.00 49.00 50.00 0.00 0.00 249.00 <b>693.00</b>	53.20 13.30 14.50 0.00 0.00 35.00 39.20 153.70 308.90	10.00 0.00 25.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 35.00 39.20 79.20 153.40	0.00 0.00 0.00 0.00 0.00 14.00 21.00 0.00 35.00	43.20 13.30 -10.50 0.00 0.00 -14.00 -21.00 74.50 <b>85.50</b>	7K 7K OP OP 1C 05 OM
CHOICE	GUIUA78765	6 MEDINA, WILMER	3388630500							
	6/12/25	92004 92015	1 Exam - Comp 1 Refraction <b>Totals</b>	189.00 50.00 <b>239.00</b>	53.20 13.30 <b>66.50</b>	10.00 0.00 <b>10.00</b>	0.00 0.00 <b>0.00</b>	0.00 0.00 <b>0.00</b>	43.20 13.30 <b>56.50</b>	
CHOICE	NCC4970955	4MONCIVAIS, ABBY	3333578900							
	6/11/25	92014 92015	1 Exam - Comp 1 Refraction <b>Totals</b>	165.00 50.00 <b>215.00</b>	53.20 13.30 <b>66.50</b>	15.00 0.00 <b>15.00</b>	0.00 0.00 <b>0.00</b>	0.00 0.00 <b>0.00</b>	38.20 13.30 <b>51.50</b>	
CHOICE	NCC4970955	4MONCIVAIS, ABBY	3333584600							EO
	6/11/25	V2521	12 Contact Lenses Totals	170.00 <b>170.00</b>	170.00 <b>170.00</b>	0.00 <b>0.00</b>	0.00 <b>0.00</b>	0.00 <b>0.00</b>	170.00 <b>170.00</b>	E2





AMARILLO EYE ASSOCIATES PA 8601 SW 45TH AVE AMARILLO TX 79119-0000 Doctor Payment Arrangement: \*\*\*\*\*8938

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

ENHCDAD	XXXXX8369	MONDEN, COLTON	3332172700							
V	6/11/25	92014	1 Exam - Comp	165.00	50.00	0.00	0.00	0.00	50.00	->/
		92015	1 Refraction Totals	50.00 <b>215.00</b>	0.00 <b>50.00</b>	0.00 <b>0.00</b>	0.00 <b>0.00</b>	0.00 <b>0.00</b>	0.00 <b>50.00</b>	5X
	10000000	HODENO LILIANA		213.00	30.00	0.00	0.00	0.00	30.00	
CHOICE	XXXXX2333	MORENO, LILIANA	3461310800							IF
	4/07/25	92014 92015	1 Exam - Comp 1 Refraction	165.00 50.00	53.20 13.30	25.00 0.00	0.00 0.00	0.00	28.20 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 1 Cov+Cop - QM - Anti-Reflective Coatin	00.00 00.0	6.00 39.20	0.00 0.00	0.00 39.20	6.00 21.00	0.00	OP
			Totals	444.00	126.20	25.00	39.20 39.20	27.00	35.00	OP
ENHCDAD	XXXXX5079	NICCUM, BRANDON	3461389100		<u> </u>					
٧	6/13/25	92014	1 Exam - Comp	165.00	50.00	0.00	0.00	0.00	50.00	
	0/10/20	92015	1 Refraction	50.00	0.00	0.00	0.00	0.00	0.00	5X
			Totals	215.00	50.00	0.00	0.00	0.00	50.00	
ENHCDAD	XXXXX7148	OLINGER, GLEN	3438859500							
V	6/13/25	92014	1 Exam - Comp	165.00	50.00	0.00	0.00	0.00	50.00	_,,
		92015	1 Refraction Totals	50.00	0.00	0.00	0.00 <b>0.00</b>	0.00	0.00 <b>50.00</b>	5X
				215.00	50.00	0.00	0.00	0.00	50.00	
CHOICE	NCC4603673	1ORTEGA, HILDA PA	TRIC 3263644300							
	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 2 Tint Photochromatic Per Lens	0.00	24.56	0.00	0.00	24.56	0.00	5X
		V2744 V2750	2 Tint Photochromatic Per Lens 2 Anti-Reflective Coating Per Lens	100.00 99.00	0.00	0.00 0.00	0.00 0.00	0.00	0.00	7K 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 2 Cov+Cop - QT - Anti-Reflective Coatin	0.00	150.00 68.00	0.00 0.00	150.00 68.00	79.00 41.00	-79.00 -41.00	OP OP
		V2020	1 Frame/Disp - Dr Supplied \$58	229,00	68.53	0.00	0.00	0.00	68.53	1C
		12020	Totals	988.00	439.59	25.00	328.00	204.56	-117.97	, 0
SIG PLAN	XXXXX7493	PROCK, EMILY	3438867300							
	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	
			Totals	215.00	67.50	10.00	0.00	0.00	57.50	
SIG PLAN	XXXXX7493	PROCK, EMILY	3438868600							



**AMARILLO EYE ASSOCIATES PA** 8601 SW 45TH AVE AMARILLO TX 79119-0000 Doctor Payment Arrangement: \*\*\*\*\*8938

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

	6/13/25	V2521	12 Contact Lenses  Totals	144.00 <b>144.00</b>	144.00 <b>144.00</b>	0.00 <b>0.00</b>	0.00 <b>0.00</b>	0.00 <b>0.00</b>	144.00 <b>144.00</b>	
CHOICE	XXXXX2950	PRUETT, DELANEY	33321536	600						
	6/11/25	92014 92015	1 Exam - Comp 1 Refraction Totals	165.00 50.00 <b>215.00</b>	53.20 13.30 <b>66.50</b>	0.00 00.0 <b>0.00</b>	0.00 0.00 <b>0.00</b>	0.00 0.00 <b>0.00</b>	53.20 13.30 <b>66.50</b>	
CHOICE	0000891591	RAMIREZ, PAULINA	33336113	00						IF
	6/11/25	92014 92015 V2103 V2750 V2784 V2020	1 Exam - Comp 1 Refraction 2 Lens - SV 2 Anti-Reflective Coating Per Lens 2 Lens, Polycarbonate Or Equal, Any Ind 1 Cov - AD - Polycarbonate 1 Cov+Cop - QM - Anti-Reflective Coatin 1 Frame/Disp - Dr Supplied \$86  Totals	165.00 50.00 130.00 49.00 50.00 0.00 169.00 <b>613.00</b>	53.20 13.30 14.50 0.00 6.00 39.20 95.62 221.82	0.00 0.00 25.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00 39.20 0.00	0.00 0.00 0.00 0.00 0.00 6.00 21.00 0.00 27.00	53.20 13.30 -10.50 0.00 0.00 -21.00 95.62 130.62	7K 7K OP 1C
CHOICE	XXXXX6337	RICENBAW, CRYSTA	AL 33885936	600						
	6/11/25	92014 92015	1 Exam - Comp 1 Refraction <b>Totals</b>	165.00 50.00 <b>215.00</b>	53.20 13.30 <b>66.50</b>	10.00 0.00 <b>10.00</b>	0.00 0.00 <b>0.00</b>	0.00 0.00 <b>0.00</b>	43.20 13.30 <b>56.50</b>	
CHOICE	XXXXX1014	SILVA, ANGELA	33321164	00						
	6/11/25	92004 92015	1 Exam - Comp 1 Refraction <b>Totals</b>	189.00 50.00 <b>239.00</b>	53.20 13.30 <b>66.50</b>	0.00 0.00 <b>0.00</b>	0.00 0.00 <b>0.00</b>	0.00 0.00 <b>0.00</b>	53.20 13.30 <b>66.50</b>	
CHOICE	XXXXX1014	SILVA, VERONICA	33321363	000						
	6/11/25	92004 92015	1 Exam - Comp 1 Refraction Totals	189.00 50.00 <b>239.00</b>	53.20 13.30 <b>66.50</b>	0.00 0.00 <b>0.00</b>	0.00 0.00 <b>0.00</b>	0.00 0.00 <b>0.00</b>	53.20 13.30 <b>66.50</b>	
EXAMONI	XXXXX7512	THOMPSON, TANDI	33336202	00						
Y	6/11/25	92004 92015	1 Exam - Comp 1 Refraction Totals	189.00 50.00 <b>239.00</b>	53.20 13.30 <b>66.50</b>	0.00 0.00 <b>0.00</b>	0.00 0.00 <b>0.00</b>	0.00 0.00 <b>0.00</b>	53.20 13.30 <b>66.50</b>	
ENHCDAD	XXXXX9952	TRAYNOR, TUCK	34375774	00						IF
V	6/13/25	92014 92015 V2100 V2103 V2744	1 Exam - Comp 1 Refraction 1 Lens - SV 1 Lens - SV 2 Tint Photochromatic Per Lens	165.00 50.00 65.00 65.00 100.00	50.00 0.00 8.00 8.00	0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	50.00 0.00 8.00 8.00	5X 7K
Ţ		V∠/44	2 This Photochiomatic Per Letis	1 100.00	0.00	0.00	0.00	0.00	0.00	/ N





AMARILLO EYE ASSOCIATES PA 8601 SW 45TH AVE AMARILLO TX 79119-0000 Doctor Payment Arrangement: \*\*\*\*\*8938 Page8

Plan   Insured ID   Patient Name   Pt Acct # Claim   Number   Claim   Number   Cotor													<u> </u>
Proc Code/  Service Date   Modifiers   Unit(s) Service Description   Billed   Compensation   CoPay   Pay   Provided   P	Plan	Insured ID	Patient I	Vame	Pt Acct #	Claim			Patien	t Pays	VSP Lab	VSP Pays	
Proc Code/  Service Date   Proc Code/  Modifiers   Unit(s) Service Description   Billed Amount   Compensation   CoPay   Pay   Provided   Provider Message   Payment   Code(s)						Number			Doo	tor	Allocation	Doctor	
Service Date   Modifiers   Unit(s) Service Description   Amount   Materials   Materials   Payment   Code(s)								Total		Patient	Plan		
V2750         2 Anti-Reflective Coating Per Lens         99.00         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         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			Proc Code/				Billed	Compensation	CoPay	Pay	Provided	Provider	Message
V2784         2 Lens, Polycarbonate Or Equal, Any Ind         50.00         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		Service Date	Modifiers	Unit(s) Ser	vice Description		Amount		-	Materials	Materials	Payment	Code(s)
Totals 793.00 320.00 0.00 178.00 100.00 42.00		V	2784	2 Lens, Po 1 Cov+Co 1 Cov+Co 1 Cov+Co	olycarbonate Ör Equ p - PR - Photochrom p - AD - Polycarbona p - QT - Anti-Reflect	al, Any Ind nic Plastic ate ive Coatin 7	50.00 0.00 0.00 0.00 199.00	0.00 75.00 35.00 68.00 76.00	0.00 0.00 0.00 0.00 0.00	0.00 75.00 35.00 68.00 *	0.00 45.00 14.00 41.00 0.00	0.00 -45.00 -14.00 -41.00 76.00	7K OP OP OP

**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	VSP Pays	
				Number	Doctor	
					IOF	
					Provider	Message
			Service Description		Payment	Code(s)
ENHCDAD V	XXXXX6400	LOTT, ALAINA		3437763800		IF
			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 V	XXXXX2773	GLENN, BRENDAN		3280534600		IF
			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	)



## AMARILLO EYE ASSOCIATES PA 8601 SW 45TH AVE AMARILLO TX 79119-0000

Doctor Payment Arrangement: \*\*\*\*\*8938 Page9

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

**In-Office Finishing (IOF)** 

Plan	Insured ID	Patient Name	Pt Acct #	Claim	VSP Pays	
				Number	Doctor	
					IOF	
					Provider	Message
		Se	rvice Description		Payment	Code(s)
ENHCDA	D XXXXX9952	TRAYNOR, TUCK		3437577400		IF
٧						
		In-O	ffice Finishing Service		100.00	
			•	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

<sup>^</sup> Sum of Provider Payment + IOF Provider Payment equals Check Amount





AMARILLO EYE ASSOCIATES PA 8601 SW 45TH AVE AMARILLO TX 79119-0000 Doctor Payment Arrangement: \*\*\*\*\*8938
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Plan	Insured ID	Patient Name	Pt Acct #	Claim			Patient Pays		VSP Lab	VSP Pays	
				Number			Do	ctor	Allocation	Doctor	
						Total		Patient	Plan		
		Proc Code/			Billed	Compensation	CoPay	Pay	Provided	Provider	Message
	Service Date	Modifiers Unit(s)	Service Description		Amount	·	-	Materials	Materials	Payment	Code(s)

## 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.