Date: 12/31/24 Check # 97976345

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				Patien	,	VSP Lab	VSP Pays	
				Number			Doc	Patient	Allocation Plan	Doctor	
		Proc Code/			Billed	Total	CoPay	Patient	Pran Provided	Provider	Message
	Service Dat		Unit(s) Service Descripti	ion	Amount	Compensation	Coray	Materials	Materials	Provider	Code(s)
				1011	Amount	Compensation		Materiais	Materiais	i ayınıenı	Code(s)
Office:		45TH AVE AMARI	ILLO TX 79119								
Doctor:	JAMES A	HTCH OD									
CHOICE	XXXXX2798	ALEJANDRO, DES		4888998100							
	12/26/24	92014	1 Exam - Comp		165.00		10.00	0.00	0.00	43.20	
		92015	1 Refraction	Totals	50.00 215.00		0.00 10.00	0.00 0.00	0.00 0.00	13.30 56.50	
CHOICE	XXXXX2798	ALEJANDRO, DES	IREE	4889036400				5.55	5.55		
	12/26/24	V2520	180 Contact Lenses		250.00	250.00	0.00	120.00	0.00	130.00	1C
				Totals	250.00		0.00		0.00	130.00	
SIG PLAN	0000975716	BARRIENTOS, FEL	_IX	4747561300							
	11/21/24	92014 92015	1 Exam - Comp 1 Refraction		165.00 50.00		25.00 0.00	0.00 0.00	0.00 0.00	29.00 13.50	
		92015	i Heriaction	Totals	215.00		25.00		0.00 0.00	42.50	
ENHCDAD	XXXXX7194	BOROUGHS, VIRG	inia	4711729200		<u> </u>				<u>.</u>	
V	11/19/24	92004	1 Exam - Comp		189.00		0.00	0.00	0.00	50.00	5.V
		92015	1 Refraction	Totals	50.00 239.00		0.00 0.00	0.00 0.00	0.00 0.00	0.00 50.00	5X
ENHCDAD	XXXXX9794	CHACON, AVIANN	IA	4825354000			0.00	0.00	0.00	00,00	
٧	11/26/24	92004	1 Exam - Comp		189.00	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
				Totals	239.00	50.00	0.00	0.00	0.00	50.00	
ENHCDAD	XXXXX9794	CHACON, OMAR		4826242500							IF
V	11/26/24	V2104 V2750	2 Lens - SV 2 Anti-Reflective Coating	. Darlana	130.00 49.00		0.00 0.00	0.00 0.00	0.00 0.00	16.00 0.00	7K
		V2750 V2784	2 Lens, Polycarbonate O		50.00		0.00	0.00	0.00	0.00	7 K
		,	1 Cov+Cop - AD - Polyca	arbonate	0.00		0.00	35.00	14.00	-14.00	OP
			1 Cov+Cop - QM - Anti-F	Reflective Coatin	0.00	39.20	0.00	39.20	21.00	-21.00	OP
		V2020	1 Frame/Disp - Dr Suppli	ied \$57 Totals	129.00 358.00		0.00 0.00	* 74.20	0.00 35.00	76.00 57.00	1C PM 05 OM
ENHCDAD	XXXXX2945	CHOZET, HAYLEE		1999975100	336.00	100.20	0.00	74.20	33.00	37.00	
V	12/13/24	92004	1 Exam - Comp	1999913100	189,00	50.00	0,00	0.00	0.00	50.00	
	12/10/24	92015	1 Refraction		50.00		0.00	0.00	0.00	0.00	5X
		V2100	2 Lens - SV		130.00	28.67	0.00	0.00	12.67	16.00	
		V2744	2 Tint Photochromatic Pe		100.00		0.00	0.00	0.00	0.00	7K
		V2750 V2784	2 Anti-Reflective Coating2 Lens, Polycarbonate O		99.00 50.00		0.00 0.00	0.00 0.00	0.00 0.00	0.00 0.00	7K 7K
1		V 2 1 0 7	E Lens, i diyoanbonale O	A Equal, Ally Illu	1 30.00	0.00	0.00	0.00	0.00	0,00	718 [





AMARILLO EYE ASSOCIATES PA

Doctor Payment Arrangement: *****8938

Page2 8601 SW 45TH AVE AMARILLO TX 79119-0000 Patient Pays VSP Lab VSP Pays Plan Insured ID Patient Name Pt Acct # Claim Number Doctor Allocation Doctor Patient Plan Total Proc Code/ Billed CoPay Provided Compensation Pay Provider Message Service Date Modifiers Unit(s) Service Description Materials Materials Payment Code(s) Amount 1 Cov - AD - Polycarbonate 0.00 6.00 0.00 0.00 6.00 0.00 Cov - PR - Photochromic Plastic 0.00 75.00 0.00 0.00 45.00 30.00 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 1C PM 05 OM 239.00 76.00 0.00 0.00 76.00 857.00 Totals 303.67 0.00 68.00 104.67 131.00 ENHCDAD XXXXX4525 **CHURCHWELL, MYLES** 4791527300 1 Exam - Comp 1 Refraction 50.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 50.00 11/26/24 92014 165.00 92015 5X 50,00 0.00 **Totals** 215.00 50.00 0.00 0.00 0.00 50.00 0000012125 CHOICE **CLARK, TANNER** 4708524200 10.00 0.00 0.00 0.00 0.00 92014 92015 Exam - Comp 53.20 13.30 43.20 13.30 11/07/24 165.00 1 Refraction 50.00 215.00 10.00 Totals 66.50 0.00 0.00 56.50

CHOICE	0000012125	CLARK, TANNER	4824906200							
	11/25/24	V2520	720 Contact Lenses Totals	696.00 696.00	696.00 696.00	0.00 0.00	546.00 546.00	0.00	150.00 150.00	1C
SIG PLAN	XXXXX7612	CRUZ, REBECA	2203972800		_			•		
	11/26/24	V2522	180 Contact Lenses Totals	234.00 234.00	234.00 234.00	0.00 0.00	104.00 104.00	0.00 0.00	130.00 130.00	1C
ENHCDAD	XXXXX8168	CUELLAR, BROOK	LYN 3494625100							
V	12/10 <i>/</i> 24	V2103 V2745 V2750 V2784	2 Lens - SV 2 Tint, Any Color, Solid, Gradient, Per 2 Anti-Reflective Coating Per Lens 2 Lens, Polycarbonate Or Equal, Any Ind 1 Cov - AD - Polycarbonate 2 Cov - MN - Plastic Dyes - Solid Excep 2 Cov+Cop - QT - Anti-Reflective Coatin Totals	130.00 20.00 99.00 50.00 0.00 0.00 0.00 299.00	28.67 0.00 0.00 0.00 6.00 15.00 68.00 117.67	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 68.00	12.67 0.00 0.00 0.00 6.00 5.00 41.00 64.67	16.00 0.00 0.00 0.00 0.00 10.00 -41.00 -15.00	7K 7K 7K OP
ENHCDAD	XXXXX0220	DOWDEN, TERRYE								
I W	40/05/04	1/0704		E 4 0 0 0	0400				04.00	~ D

V 12/05/24	V2781	2 Progressive Lens, Per Lens	510.00	21.00	0.00	0.00	0.00	21.00	OP [
	V2200	1 Lens - Bifocal	0.00	0.00	0.00	0.00	0.00	0.00	5X	
	V2203	1 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+Cop - OD - Progressive in Polycar	0.00	35.00	0.00	35.00	15.00	-15.00	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 \$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

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)

				Totals	888.00	374.56	0.00	253.00	159.56	-38.00	
CHOICE	GUUAD52557 4	HARRIS, GEORGE		4712402800							
	12/19 <i>/</i> 24	92014 92015	1 Exam - Comp 1 Refraction	Totals	165.00 50.00 215.00	53.20 13.30 66.50	10.00 0.00 10.00	0.00 0.00 0.00	0.00 0.00 0.00	43.20 13.30 56.50	
CHOICE	XXXXX3199	JOHNSON, KIMBERI	LY	4712402500							
	12/19/24	92014 92015	1 Exam - Comp 1 Refraction	Totals	165.00 50.00 215.00	53.20 13.30 66.50	10.00 0.00 10.00	0.00 0.00 0.00	0.00 0.00 0.00	43.20 13.30 56.50	
ENHCDAD	XXXXX8123	JOHNSON, MARSHA	AL .	4712256800							
V	11/19/24	92014 92015	1 Exam - Comp 1 Refraction	Totals	165.00 50.00 215.00	50.00 0.00 50.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	50.00 0.00 50.00	5X
ENHCDAD	XXXXX8123	JOHNSON, MARSHA	\L	4712258900							
V	11/19/24	V2520	720 Contact Lenses	Totals	704.00 704.00	704.00 704.00	0.00 0.00	574.00 574.00	0.00 0.00	130.00 130.00	1C
CHOICE	XXXXX1054	JONES, MARILEE		4709551800							
	11/08/24	92014 92015	1 Exam - Comp 1 Refraction	Totals	165.00 50.00 215.00	53.20 13.30 66.50	10.00 0.00 10.00	0.00 0.00 0.00	0.00 0.00 0.00	43.20 13.30 56.50	
CHOICE	XXXXX3996	KUBITSCHECK, LAP	RRY	4711677200							
	11/19/24	92004 92015	1 Exam - Comp 1 Refraction	Totals	189.00 50.00 239.00	53.20 13.30 66.50	20.00 0.00 20.00	0.00 0.00 0.00	0.00 0.00 0.00	33.20 13.30 46.50	
CHOICE	XXXXX0438	LEAL, STANLEY		4862292100							IF
	12/26/24	V2103 V2750 V2784 V2020	2 Lens - SV 2 Anti-Reflective Coating F 2 Lens, Polycarbonate Or 1 Cov+Cop - QM - Anti-Re 1 Cov+Cop - AD - Polycar 1 Frame/Disp - Dr Supplie	Equal, Any Ind flective Coatin bonate	130.00 49.00 50.00 0.00 0.00 179.00 408.00	14.50 0.00 0.00 39.20 35.00 87.50 176.20	0.00 0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 39.20 35.00 0.00 74.20	0.00 0.00 0.00 21.00 14.00 0.00 35.00	14.50 0.00 0.00 -21.00 -14.00 87.50 67.00	7 K 7 K OP OP 1C 05 OM
SIG PLAN	XXXXX1117	MAYNARD, CALLIE		4888878800							
	12/26/24	92014 92015	1 Exam - Comp 1 Refraction	Totals	165.00 50.00 215.00	54.00 13.50 67.50	10.00 0.00 10.00	0.00 0.00 0.00	0.00 0.00 0.00	44.00 13.50 57.50	





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

Plan	Insured ID	Patient Name	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)

CHOICE	XXXXX9137	MCMURTREY, DYLA	AN 4708904800							IF
	11/08/24	92014 92015 V2107 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 \$76	165.00 50.00 130.00 49.00 50.00 0.00 0.00 245.00	53.20 13.30 14.50 0.00 6.00 39.20 129.50	0.00 0.00 35.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00 39.20 36.00	0.00 0.00 0.00 0.00 0.00 6.00 21.00 0.00	53.20 13.30 -20.50 0.00 0.00 0.00 -21.00 93.50	7 K 7 K OP 1 C 0 5 O M
			Totals	689.00	255.70	35.00	75.20	27.00	118.50	
CHOICE	XXXXX6743	MCPHERSON, KAR								IF
	11/12 <i>[</i> 24	V2100 V2750 V2784 V2020	 2 Lens - SV 2 Anti-Reflective Coating Per Lens 2 Lens, Polycarbonate Or Equal, Any Ind 1 Cov+Cop - QM - Anti-Reflective Coatin 1 Cov+Cop - AD - Polycarbonate 1 Frame/Disp - Dr Supplied \$57 Totals 	130.00 49.00 50.00 0.00 99.00 328.00	14.50 0.00 0.00 39.20 35.00 65.45 154.15	25.00 0.00 0.00 0.00 0.00 0.00 25.00	0.00 0.00 0.00 39.20 35.00 0.00 74.20	0.00 0.00 0.00 21.00 14.00 0.00 35.00	-10.50 0.00 0.00 -21.00 -14.00 65.45 19.95	7K 7K OP OP 1C
CHOICE	XXXXX7060	MURGA, JORGE	4542503400							IF
	12/12/24	V2100 V2784 V2020 S0590	2 Lens - SV 2 Lens, Polycarbonate Or Equal, Any Ind 1 Cov - AD - Polycarbonate 1 Frame/Disp - Dr Supplied \$85 1 Other Service Totals	130.00 50.00 0.00 249.00 0.00 429.00	14.50 0.00 6.00 125.70 4.00 150.20	0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 23.20 0.00 23.20	0.00 0.00 6.00 0.00 4.00 10.00	14.50 0.00 0.00 102.50 0.00 117.00	7K 1C 05 OM
CHOICE	GU94339412	ONICKENS, CARLA	4542576700							IF
	12/13/24	V2100 V2103 V2784 V2020	1 Lens - SV 1 Lens - SV 2 Lens, Polycarbonate Or Equal, Any Ind 1 Cov+Cop - AD - Polycarbonate 1 Frame/Disp - Dr Supplied \$58	65.00 65.00 50.00 0.00 249.00 429.00	7.25 7.25 0.00 35.00 154.70 204.20	0.00 25.00 0.00 0.00 0.00 25.00	0.00 0.00 0.00 35.00 79.20 114.20	0.00 0.00 0.00 14.00 0.00 14.00	7.25 -17.75 0.00 -14.00 75.50 51.00	7K OP 1C 05 OM
ENHCDAD	XXXXX3365	ONDARA, TOMMY	4712403400							
٧	12/20/24	92014 92015	1 Exam - Comp 1 Refraction Totals	165.00 50.00 215.00	50.00 0.00 50.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	50.00 0.00 50.00	5X
ENHCDAD	XXXXX3365	ONDARA, TOMMY	4712404100							
V	12/20/24	V2521	180 Contact Lenses Totals	230.00 230.00	230.00 230.00	0.00 0.00	100.00 100.00	0.00 0.00	130.00 130.00	1C



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

Plan	Insured ID	Patient Na	me 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)

CHOICE	XXXXX5718	PARK, PAMELA		4712401800							
	12/19/24	V2520	720 Contact Lenses	Totals	00.808 00.808	808.00 808.00	0.00 0.00	658.00 658.00	0.00 0.00	150.00 150.00	1C
CHOICE	2593000431	RILEY, AUBREY		4747769500							
	11/21/24	92014 92015	1 Exam - Comp 1 Refraction	Totals	165.00 50.00 215.00	53.20 13.30 66.50	10.00 0.00 10.00	0.00 0.00 0.00	0.00 0.00 0.00	43.20 13.30 56.50	
CHOICE	2593000431	RILEY, JOLENE		4748102900							
	11/22/24	92014 92015	1 Exam - Comp 1 Refraction	Totals	165.00 50.00 215.00	53.20 13.30 66.50	10.00 0.00 10.00	0.00 0.00 0.00	0.00 0.00 0.00	43.20 13.30 56.50	
CHOICE	XXXXX5075	TENORIO, ASHLY	N	4711693800							
	11/19/24	V2520	720 Contact Lenses	Totals	696.00 696.00	696.00 696.00	0.00 0.00	496.00 496.00	0.00 0.00	200.00 200.00	1C
CHOICE	XXXXX2779	VAN ONGEVALLE	, ALAN	4712410500							
	12/20/24	V2522	24 Contact Lenses	Totals	240.00 240.00	240.00 240.00	0.00 0.00	90.00 90.00	0.00 0.00	150.00 150.00	1C
CHOICE	18628822W	VANDAGRIFF, TA	YLOR	2065668200							
	11/22/24	92014 92015 V2100 V2103 V2745 V2750 V2780 V2784 V2020	1 Exam - Comp 1 Refraction 1 Lens - SV 1 Lens - SV 2 Tint, Any Color, Solid, 2 Anti-Reflective Coating 2 Oversize Lens Per Ler 2 Lens, Polycarbonate C 1 Cov - AD - Polycarbon 2 Cov+Cop - MN - Plasti 2 Cov+Cop - QT - Anti-R 2 Cov+Cop - RM - Overs 1 Frame/Disp - Dr Suppl	g Per Lens ns or Equal, Any Ind ate c Dyes - Solid E leflective Coatin size 61 MM or Great	165.00 50.00 65.00 65.00 40.00 99.00 0.00 50.00 0.00 0.00 0.00 179.00 713.00	53.20 13.30 7.25 19.92 0.00 0.00 0.00 35.00 15.00 68.00 0.00 106.70 318.37	4.00 0.00 0.00 4.00 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 0.0	0.00 0.00 0.00 12.67 0.00 0.00 0.00 14.00 5.00 41.00 5.00 0.00 77.67	49.20 13.30 7.25 3.25 0.00 0.00 0.00 21.00 -5.00 -41.00 -5.00 67.50 110.50	7 K 7 K 7 K 7 K OP OP OP OP 1 C 05 OM
SIG PLAN	XXXXX4066	VILLARREAL, GA		4825117300							
	11/26/24	92014 92015	1 Exam - Comp 1 Refraction	Totals	165.00 50.00 215.00	54.00 13.50 67.50	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	54.00 13.50 67.50	





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

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)

SIG PLAN	XXXXX4066	VILLARREAL, GAB	RIEL	4825165900							
	11/26/24	V2520	180 Contact Lenses	Totals	174.00 174.00	174.00 174.00	0.00 0.00	24.00 24.00	0.00 0.00	150.00 150.00	1C
CHOICE	XXXXX9283	WALKER, KAREN		4889424000							
	12/26/24	92014 92015	1 Exam - Comp 1 Refraction	Totals	165.00 50.00 215.00	53.20 13.30 66.50	15.00 0.00 15.00	0.00 0.00 0.00	0.00 0.00 0.00	38.20 13.30 51.50	
CHOICE	XXXXX4988	WATTS, GINA		4710689200							
	12/19/24	92014 92015	1 Exam - Comp 1 Refraction	Totals	165.00 50.00 215.00	53.20 13.30 66.50	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	53.20 13.30 66.50	
CHOICE	XXXXX4988	WATTS, GINA		4710721200							
	12/19/24	V2520	24 Contact Lenses	Totals	180.00 180.00	180.00 180.00	0.00 0.00	30.00 30.00	0.00 0.00	150.00 150.00	1C
CHOICE	XXXXX0392	WEST, DAVID		4712410800							
	12/20/24	92014 92015	1 Exam - Comp 1 Refraction	Totals	165.00 50.00 215.00	53.20 13.30 66.50	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	53.20 13.30 66.50	
ENHCDAD	XXXXX0427	WILHELM, DANNY		4748043800							
V	11/21/24	92014 92015	1 Exam - Comp 1 Refraction	Totals	165.00 50.00 215.00	50.00 0.00 50.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	50.00 0.00 50.00	5X
CHOICE	0087246604	ZIMMERMAN, TER	RY	4712404600							
	12/20/24	V2521	12 Contact Lenses	Totals	130.00 130.00	130.00 130.00	0.00 0.00	10.00 10.00	0.00 0.00	120.00 120.00	1C
Doctor:	RYAN C I	HOLLINGSWORTH	l OD	Total Provider:	14112.00	7796.92	233.00	3698.40	562.57	3302.95	
CHOICE	XXXXX0290	BENNETT, JOHN		4710303300							
	11/12/24	V2522	12 Contact Lenses	Totals	120.00 120.00	120.00 120.00	0.00 0.00	0.00 0.00	0.00 0.00	120.00 120.00	
SIG PLAN	XXXXX8815	CANO, BREEANNA		4773819700							
						216.00					1C



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

Plan	Insured ID	Patient Name	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 Un	it(s) Service Description		Amount			Materials	Materials	Payment	Code(s)

ENHCDAE	XXXXXX0460	CHAGOYA, YANESSA	4811804600							IF
V	12 <i>1</i> 23 <i>1</i> 24	V2103 1 V2784 2 V2020 1	Exam - Comp Refraction Lens - SV Lens - SV Lens, Polycarbonate Or Equal, Any Ind Cov - AD - Polycarbonate Frame/Disp - Dr Supplied \$57 Other Service Totals	189.00 50.00 65.00 65.00 50.00 0.00 229.00 0.00 648.00	50.00 0.00 8.00 0.00 6.00 76.00 4.00	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 6.00 0.00 4.00	50.00 0.00 8.00 8.00 0.00 0.00 76.00 1 0.00 142.00	5X 7K C PM 05 OM
CHOICE	0000012125	CLARK, TIMOTHY	4709718600							
	11/11/24	92014 1 92015 1	Exam - Comp Refraction Totals	165.00 50.00 215.00	53.20 13.30 66.50	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	53.20 13.30 66.50	
CHOICE	XXXXX4199	COBURN, CHRISTY	4811614000							
	12/23/24	92014 1 92015 1	Exam - Comp Refraction Totals	165.00 50.00 215.00	53.20 13.30 66.50	10.00 0.00 10.00	0.00 0.00 0.00	0.00 0.00 0.00	43.20 13.30 56.50	
ENHCDAD	XXXXX7500	COLLINS, JEFFREY	4712268200							
٧	11/20/24	92004 1 92015 1	Exam - Comp Refraction Totals	189.00 50.00 239.00	50.00 0.00 50.00	0.00 00.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	50.00 0.00 50.00	5X
CHOICE	XXXXX4014	DAVIDSON, MADDISO	N 4562423300							
	9/12/24	92004 1 92015 1	Exam - Comp Refraction Totals	189.00 42.00 231.00	53.20 13.30 66.50	10.00 0.00 10.00	0.00 0.00 0.00	0.00 0.00 0.00	43.20 13.30 56.50	
SIG PLAN	XXXXX3924	FELGUEREZ GARCIA,	MARIA 4599172400							
	12/18/24	92004 1 92015 1	Exam - Comp Refraction Totals	189.00 50.00 239.00	54.00 13.50 67.50	0.00 00.0 0.00	0.00 0.00 0.00	0.00 0.00 0.00	54.00 13.50 67.50	
CHOICE	XXXXX0426	GRAY, CHLOE	4710480000							
	11/13/24	92014 1 92015 1	Exam - Comp Refraction Totals	165.00 50.00 215.00	53.20 13.30 66.50	10.00 0.00 10.00	0.00 0.00 0.00	0.00 0.00 0.00	43.20 13.30 56.50	
CHOICE	XXXXX0426	GRAY, CHLOE	4710516300							
	11/13/24	V2521 12	2 Contact Lenses	130.00	130.00	0.00	0.00	0.00	130.00	





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

Plan	Insured ID	Patient Name	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)

			To	otals	130.00	130.00	0.00	0.00	0.00	130.00	
ENHCDAE	XXXXX8741	HANES, KENDON	4771	1981700							
V	11/25/24	V2520	360 Contact Lenses	otals	348.00 348.00	348.00 348.00	0.00 0.00	123.00 123.00	0.00 0.00	225.00 225.00	1C
CHOICE	GU94428709	5 HILLYER, MICHAEL	4561	1778100							
	9/10/24	92014 92015	1 Exam - Comp 1 Refraction To	otals	165.00 42.00 207.00	53.20 13.30 66.50	10.00 0.00 10.00	0.00 0.00 0.00	0.00 0.00 0.00	43.20 13.30 56.50	
CHOICE	XXXXX0616	HOLLEMAN, KAYLO	ON 4730	239200							
	11/20/24	92004 92015	1 Exam - Comp 1 Refraction To	otals	189.00 50.00 239.00	53.20 13.30 66.50	10.00 0.00 10.00	0.00 0.00 0.00	0.00 0.00 0.00	43.20 13.30 56.50	
CHOICE	XXXXX6351	KARDOKUS, SUZA	NNA 4870	0034100							
	12/09/24	92004 92015	1 Exam - Comp 1 Refraction	otals	189.00 50.00 239.00	53.20 13.30 66.50	10.00 0.00 10.00	0.00 0.00 0.00	0.00 0.00 0.00	43.20 13.30 56.50	
SAVPASS	XXXXX0642	KING, ANITRA	4562	2860700							PO
	9/12/24	92014 92015 V2107 V2784 V2020	1 Exam - Comp 1 Refraction 2 Lens - SV 2 Lens - SV 1 AD - Polycarbonate 2 Lens, Polycarbonate Or Equal, Any 1 Frame/Disp To	r Ind otals	165.00 50.00 0.00 130.00 0.00 0.00 79.00	* * * * * * * * * * * * * * * * * * *	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 0.0	0.00 0.00 0.00 0.00 0.00 0.00 0.00	PM PM PM PM PM PM PM
CHOICE	XXXXX1791	KIRCHNER, COLIN	4494	1536700							6E
	11/04/24	92014 92015	1 Exam - Comp 1 Refraction To	otals	165.00 50.00 215.00	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	5Q 6S
CHOICE	XXXXX1646	LAMBERT, AMBER	4621	1243300							
	10/25/24	92014 92015	1 Exam - Comp 1 Refraction To	otals	165.00 50.00 215.00	53.20 13.30 66.50	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	53.20 13.30 66.50	
ENHCDAE	XXXXX6067	MARKEL, TREVER	4710	576300							IF
V	12/18/24	92004 92015 V2100	1 Exam - Comp 1 Refraction 2 Lens - SV		189.00 50.00 130.00	50.00 0.00 16.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	50.00 0.00 16.00	5X



AMARILLO EYE ASSOCIATES PA

Doctor Payment Arrangement: *****8938 Page9

8601 SW 45TH AVE AMARILLO TX 79119-0000 Plan Insured ID Patient Name Pt Acct # Claim Patient Pays VSP Lab **VSP Pays** Number Doctor Allocation Doctor Total Patient Plan Proc Code/ Provided Billed Compensation CoPay Pay Provider Message Modifiers Service Date Unit(s) Service Description Materials Materials Payment Code(s) Amount V2750 2 Anti-Reflective Coating Per Lens 49.00 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 6.00 0.00 0.00 6.00 0.00 0.00 Cov+Cop - QM - Anti-Reflective Coatin OΡ 0.00 39.20 0.00 39.20 21.00 -21.00 1C PM 05 OM V2020 1 Frame/Disp - Dr Supplied \$86 249.00 105.00 0.00 0.00 105.00 **Totals** 717.00 216.20 0.00 39.20 27.00 150.00 CHOICE XXXXX4563 MASSENGALE, CALEY 2042965100 IF 11/27/24 92014 Exam - Comp 165.00 53.20 13.30 10,00 0.00 0.00 43.20 92015 0.00 13.30 Refraction 50.00 0.00 0.00 V2103 1 Lens - SV 130.00 7.25 0.00 0.00 0.00 7.25 2 Anti-Reflective Coating Per Lens 0.00 V2750 49.00 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 6.00 0.00 6.00 0.00 0.00 0.00 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 \$50 269.00 178.70 0.00 111.20 0.00 67.50 1C 05 OM 713.00 297.65 10.00 150.40 27.00 110.25 **Totals** CHOICE XXXXX4563 IF MASSENGALE, CILEY 2043083500 11/27/24 92014 Exam - Comp 165.00 53.20 10.00 0.00 0.00 43.20 92015 Refraction 50.00 13.30 0.00 0.00 0.00 13.30 V2103 2 Lens - SV 0.00 0.00 130.00 14.50 0.00 14.50 V2750 Anti-Reflective Coating Per Lens 49.00 0.00 0.00 0.00 0.00 0.00 7K Lens, Polycarbonate Or Equal, Any Ind 0.00 7K V2784 50.00 0.00 0.00 0.00 0.00 Cov - AD - Polycarbonate 6.00 0.00 6,00 0.00 0.00 0.00 Cov+Cop - QM - Anti-Reflective Coatin OΡ 0.00 39.20 0.00 39.20 21.00 -21.00 1 Frame/Disp - Dr Supplied \$50 1C V2020 99.00 65.45 0.00 0.00 0.00 65.45 543.00 191.65 10.00 39.20 27.00 115.45 Totals CHOICE XXXXX4563 MASSENGALE, CLINTON 4836910700 11/27/24 92014 Exam - Comp 165.00 53.20 10.00 0.00 00.0 43.20 13.30 0.00 13.30 92015 1 Refraction 50.00 0.00 0.00 Totals 215.00 66.50 10.00 0.00 0.00 56.50 CHOICE 0003796415 MITCH, JOYCE 3273297100 12/09/24 V2781 2 Progressive Lens, Per Lens 470.00 25.00 0.00 0.00 OP V2203 5X Lens - Bifocal 0.00 24.56 0.00 0.00 24.56 0.00 V2750 Anti-Reflective Coating Per Lens 99.00 0.00 0.00 0.00 0.00 0.00 7K 7K Lens, Polycarbonate Or Equal, Any Ind 0.00 V2784 50,00 0.00 0.00 0.00 0.00 Cov+Cop - JD - Add Cost Prog J in Pol 0.00 0.00 35.00 15.00 -15.00 OP 35.00 Cov+Cop - JA - Progressive J in Plast OΡ 0.00 95.00 0.00 95.00 46.00 -46.00 2 Cov+Cop - QT - Anti-Reflective Coatin OP 0.00 68.00 0.00 68.00 41.00 -41.00 1C V2020 1 Frame/Disp - Dr Supplied \$65 0.00 0.00 50.45 179.00 50.45 0.00 **Totals** 798.00 291.51 25.00 198.00 126.56 -58.05





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

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)

CHOICE	XXXXX3817	PICHCUSKIE,	MICHAEL	4731533900							IF
CHOICE		<u> </u>				44.50	0.00	0.00	0.00	44 50	II-
	11/22/24	V2103 V2750	2 Lens - :	SV flective Coating Per Lens	130.00 49.00	14.50 0.00	0.00 0.00	0.00	0.00	14.50 0.00	7 K
		V2784		Polycarbonate Or Equal, Any Ind	50.00	0.00	0.00	0.00	0.00	0.00	7 K
		12.01	1 Cov+C	op - AD - Polycarbonate	0,00	35,00	0,00	35,00	14.00	-14.00	OP
				op - QM - Anti-Reflective Coatin	0.00	39.20	0.00	39.20	21.00	-21.00	OP
		V2020	1 Frame/	Disp - Dr Supplied \$85	259.00	72.45	0.00	0.00	0.00	72.45	1C
				Totals	488.00	161.15	0.00	74.20	35.00	51.95	
CHOICE	XXXXX6417	RAMOS, JOSE		4599070600							
	12/18/24	92014	1 Exam -		165.00	53.20	10.00	0.00	0.00	43.20	
		92015	1 Refract		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	XXXXX0616	TREVINO, CAI	ROLYN	4712265900							
	11/20/24	92004	1 Exam -		189.00	53.20	10.00	0.00	0.00	43.20	
		92015	1 Refract		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	
ENHCDAE	XXXXX2739	WESTER, COL	ΟY	2050861700							
V	11/27/24	92014	1 Exam -		165.00	50.00	0.00	0.00	0.00	50.00	
		92015	1 Refract		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	
CHOICE	XXXXX1489	ZAMORA, MAI	RISOL	4870789800							IF
	12/11 <i>/</i> 24	V2103	2 Lens-	SV	130.00	14.50	25.00	0.00	0.00	-10.50	
		V2784	2 Lens, F	Polycarbonate Or Equal, Any Ind	50.00	0.00	0.00	0.00	0.00	0.00	7K
		V2020		D - Polycarbonate	0.00	6.00	0.00 0.00	0.00	6.00 0.00	0.00	1C
		V2020 S0590	1 Other S	Disp - Ďr Supplied \$96	229.00	90.01 4.00	0.00	0.00	4.00	90.01	IC
		30390	i Other S	Totals	409.00	114.51	25.00	0.00	10.00	79.51	
				Totals	409.00	114.51	23.00	0.00	10.00	7 3.3 1	
				Total Provider:	8907.00	3137.67	160.00	670.00	262.56	2045.11	
Doctor:	STERLIN	G SCHAEFFE	R OD								
CHOICE	NCC3729984	1 ACKORS, SHA	ANTHA	4753179900							
	11/21/24	92014	1 Exam -		165.00	53.20	15.00	0.00	0.00	38.20	
		92015	1 Refract		50.00	13.30	0.00	0.00	0.00	13.30	
<u></u>				Totals	215.00	66.50	15.00	0.00	0.00	51.50	
CHOICE	NCC3729984	1ACKORS, SHA	ANTHA	4790786900							EO



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

Plan	Insured ID	Patient Nar	ne 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 L	Jnit(s) Service Description		Amount			Materials	Materials	Payment	Code(s)

			Totals	288.00	288.00	0.00	58.00	0.00	230.00	
CHOICE	XXXXX4526	ARGANBRIGHT, BELII	NDA 4772941500							
	11/25/24	V2522 48	B Contact Lenses Totals	480.00 480.00	480.00 480.00	0.00 0.00	230.00 230.00	0.00 0.00	250.00 250.00	1C
CHOICE	XXXXX4526	ARGANBRIGHT, LUKE	4710054800							
	11/12/24	V2520 24	4 Contact Lenses Totals	260.00 260.00	260.00 260.00	0.00 0.00	10.00 10.00	0.00 0.00	250.00 250.00	1C
CHOICE	XXXXX4526	ARGANBRIGHT, LUKE	4710100100							
	11/12/24	92014 1 92015 1	Exam - Comp Refraction Totals	165.00 50.00 215.00	53.20 13.30 66.50	10.00 0.00 10.00	0.00 0.00 0.00	0.00 0.00 0.00	43.20 13.30 56.50	
CHOICE	XXXXX5436	BARBOSA, LARISSA	4811734200							IF
	12/23/24	92014 1 92015 1 V2105 2 V2750 2 V2784 2	! Anti-Reflective Coating Per Lens ! Lens, Polycarbonate Or Equal, Any Ind Cov - AD - Polycarbonate	165.00 50.00 130.00 49.00 50.00 0.00	53.20 13.30 14.50 0.00 0.00 6.00	10.00 0.00 25.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00 6.00	43.20 13.30 -10.50 0.00 0.00 0.00	7K 7K
		V2020 1	Cov+Cop - QM - Anti-Reflective Coatin Frame/Disp - Dr Supplied \$96 Totals	0.00 199.00 643.00	39.20 82.25 208.45	0.00 0.00 35.00	39.20 0.00 39.20	21.00 0.00 27.00	-21.00 82.25 107.25	OP 1C
CHOICE	XXXXX4320	BARNETT, ELIZABETH								IF
	11/25/24	92014 1 92015 1 V2107 2 V2750 2 V2784 2 V2020 1	Anti-Reflective Coating Per Lens Lens, Polycarbonate Or Equal, Any Ind Cov+Cop - QM - Anti-Reflective Coatin Cov+Cop - AD - Polycarbonate Frame/Disp - Dr Supplied \$57	165.00 50.00 130.00 49.00 50.00 0.00 199.00 643.00	53.20 13.30 14.50 0.00 0.00 39.20 35.00 113.70 268.90	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 39.20 35.00 39.20 113.40	0.00 0.00 0.00 0.00 0.00 21.00 14.00 0.00 35.00	43.20 13.30 -10.50 0.00 0.00 -21.00 -14.00 74.50 85.50	7K 7K OP OP 1C 05 OM
SIG PLAN	0000667979	BEATTY, CALLIE	4709783200							
	11/11/24	92014 1 92015 1	Exam - Comp Refraction Totals	165.00 50.00 215.00	54.00 13.50 67.50	20.00 0.00 20.00	0.00 0.00 0.00	0.00 0.00 0.00	34.00 13.50 47.50	
ENHCDAD	XXXXX4472	BREWSTER, ROBERT								
\v	11/19/24	92014 1 92015 1	Exam - Comp Refraction	165.00 50.00	50.00 0.00	0.00 0.00	0.00 0.00	0.00 0.00	50.00 0.00	5X





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

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)

				Totals	215.00	50.00	0.00	0.00	0.00	50.00	
ENHCDAD	XXXXX3185	BREWSTER, SHANN	ION	4711706700							
V	11/19/24	92014 92015	1 Exam - Comp 1 Refraction	Totals	165.00 50.00 215.00	50.00 0.00 50.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	50.00 0.00 50.00	5X
CHOICE	XXXXX0788	BROOKS, DARIEL		4617107900							
	12/19/24	V2521	12 Contact Lenses	Totals	144.00 144.00	144.00 144.00	0.00 0.00	0.00 0.00	0.00 00.0	144.00 144.00	
CHOICE	NCC4453393	6BURNETT, PAMELA		4712269000							
	11 <i>/</i> 20 <i>/</i> 24	92014 92015	1 Exam - Comp 1 Refraction	Totals	165.00 50.00 215.00	53.20 13.30 66.50	10.00 0.00 10.00	0.00 0.00 0.00	0.00 0.00 0.00	43.20 13.30 56.50	
CHOICE	NCC4453393	6BURNETT, PAMELA		4730869100							IF
	11/21/24	V2103 V2744 V2784 V2020	2 Lens - SV 2 Tint Photochromatic Per Len 2 Lens, Polycarbonate Or Equal 1 Cov+Cop - AD - Polycarbona 1 Cov+Cop - PR - Photochrom 1 Frame/Disp - Dr Supplied \$7	al, Any Ind ate ic Plastic	130.00 100.00 50.00 0.00 0.00 229.00 509.00	14.50 0.00 0.00 35.00 75.00 72.45 196.95	15.00 0.00 0.00 0.00 0.00 0.00 15.00	0.00 0.00 0.00 35.00 75.00 0.00 110.00	0.00 0.00 0.00 14.00 45.00 0.00 59.00	-0.50 0.00 0.00 -14.00 -45.00 72.45 12.95	7K 7K OP OP 1C
CHOICE	0874299179	BUSTILLOS, AYDEE		4709652500							
	11/11/24	92014 92015	1 Exam - Comp 1 Refraction	Totals	165.00 50.00 215.00	53.20 13.30 66.50	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	53.20 13.30 66.50	
CHOICE	15819190W	BUTLER, TOBY		4542795400							
	12/17/24	92014 92015	1 Exam - Comp 1 Refraction	Totals	165.00 50.00 215.00	53.20 13.30 66.50	4.00 0.00 4.00	0.00 0.00 0.00	0.00 0.00 0.00	49.20 13.30 62.50	
SIG PLAN	XXXXX2172	CASTANEDA, GISSE	ELLE	4712408300							
	12/20/24	92014 92015	1 Exam - Comp 1 Refraction	Totals	165.00 50.00 215.00	54.00 13.50 67.50	20.00 0.00 20.00	0.00 0.00 0.00	0.00 0.00 0.00	34.00 13.50 47.50	
SIG PLAN	XXXXX2172	CASTANEDA, GISSE	ELLE	4712409200							
	12/20/24	V2521	180 Contact Lenses		230.00	230.00	0.00	100.00	0.00	130.00	1C



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

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)

				Totals	230.00	230.00	0.00	100.00	0.00	130.00	
CHOICE	XXXXX7483	CAVAZOS, SAMUEL		4711520600							
	11/15/24	92004	1 Exam - Comp		189.00 50.00	53.20	10.00	0.00	0.00	43.20	
		92015	1 Refraction	Totals	239.00	13.30 66.50	0.00 10.00	0.00 0.00	0.00 0.00	13.30 56.50	
CHOICE	XXXXX6210	CHAIREZ, BRIANA		4711620700				1			IF
	11/18/24	92014	1 Exam - Comp		165.00	53.20	10.00	0.00	0.00	43.20	
		92015 V2103	1 Refraction 2 Lens - SV		50.00 130.00	13.30 14.50	0.00 10.00	0.00 0.00	0.00	13.30 4.50	
		V2784	2 Lens, Polycarbonate Or Equa	al, Any Ind	50.00	0.00	0.00	0.00	0.00	0.00	7K
			1 Cov+Cop - AD - Polycarbona	ite	0.00	35.00	0.00	35.00	14.00	-14.00	OP
				Totals	395.00	116.00	20.00	35.00	14.00	47.00	
CHOICE	XXXXX1596	CHAPA, GEORGE		4731404800							
	11/22/24	92014 92015	1 Exam - Comp 1 Refraction		165.00 50.00	53.20 13.30	10.00 0.00	0.00	0.00	43.20 13.30	
		92015	i Heriaction	Totals	215.00	66.50	1 0.00	0.00	0.00	56.50	
CHOICE	XXXXX1596	CHAPA, GEORGE		4831245200							
	11/26/24	V2521	12 Contact Lenses		144.00	144.00	0.00	0.00	0.00	144.00	
				Totals	144.00	144.00	0.00	0.00	0.00	144.00	
CHOICE	XXXXX7020	CHAVEZ, LORENZO		4731315000		<u> </u>					
	11/22/24	92004 92015	1 Exam - Comp 1 Refraction		189.00 50.00	53.20 13.30	20.00 0.00	0.00	0.00	33.20 13.30	
		32013	1 Heriaction	Totals	239.00	66.50	20.00	0.00	0.00	46.50	
CHOICE	XXXXX1134	CRUZ, MICHELLE		4830094800							
	11/26/24	92014	1 Exam - Comp		165.00	53.20	10.00	0.00	0.00	43.20	
		92015	1 Refraction	Totals	50.00 215.00	13.30 66.50	0.00 10.00	0.00 0.00	0.00 0.00	13.30 56.50	
CHOICE	XXXXX0218	CURIEL, GILBERT		4711204000	2.0.00	00.00	10.00	0.00	0.00	33.00	
	11/14/24	V2521	12 Contact Lenses		230.00	230.00	0.00	0.00	0.00	230.00	
				Totals	230.00	230.00	0.00	0.00	0.00	230.00	
CHOICE	XXXXX0218	CURIEL, LUKE		4711069200							
	11/14/24	V2521	180 Contact Lenses	Totals	230.00 230.00	230.00 230.00	0.00 0.00	0.00 0.00	0.00 0.00	230.00 230.00	
SIG PLAN	0000891591	DE LA O, CRISTIAN		4747627800							IF
JIGI LAN	1000001001	DE EA O, OHIOHAN		71 71 021 000							
	11/21/24	92004	1 Exam - Comp		189.00	54.00	20.00	0.00	0.00	34.00	
I		92015	1 Refraction	ļ	50.00	13.50	0.00	0.00	0.00	13.50	





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

			OOUI SW 431H AVE AWARIL	LOIAISII	9-0000					raye 14
Plan	Insured ID	Patient N	lame Pt Acct # Claim			Patien	t Pays	VSP Lab	VSP Pays	
			Number			Doo		Allocation	Doctor	
					Total		Patient	Plan		
		Proc Code/		Billed	Compensation	CoPay	Pay	Provided	Provider	Message
	Service Dat	e Modifiers	Unit(s) Service Description	Amount	·	,	Materials	Materials	Payment	Code(s)
			()	1		ı	l		,	\ /
		V2103 V2784	Lens - SV Lens, Polycarbonate Or Equal, Any Ind Cov - AD - Polycarbonate	130.00 50.00 0.00	0.00 7.00	25.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 7.00	7.50 0.00 0.00	7K
		V2020	1 Frame/Disp - Dr Supplied \$77	179.00		0.00	0.00	0.00	92.45	1C
		S0590	1 Other Service	0.00		0.00	0.00	10.00	0.00	
			Totals	598.00	209.45	45.00	0.00	17.00	147.45	
CHOICE	XXXXX3765	DEARDORFF, RON	N 4711645700							IF
	11/18/24	92014 92015 V2100 V2103 V2750 V2784	1 Exam - Comp 1 Refraction 1 Lens - SV 1 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 \$50	165.00 50.00 65.00 65.00 49.00 50.00 0.00 219.00	13.30 7.25 7.25 0.00 0.00 35.00 39.20 138.70	10.00 0.00 0.00 25.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00 35.00 39.20 71.20	0.00 0.00 0.00 0.00 0.00 0.00 14.00 21.00	43.20 13.30 7.25 -17.75 0.00 0.00 -14.00 -21.00 67.50	7K 7K OP OP 1C 05 OM
			Totals	663.00	293.90	35.00	145.40	35.00	78.50	
CHOICE	XXXXX6071	DELGADO, JOSE	4710562000							
	11/13/24	92014 92015	1 Exam - Comp 1 Refraction Totals	165.00 50.00 215.0 0	13.30	10.00 0.00 10.00	0.00 0.00 0.00	0.00 0.00 0.00	43.20 13.30 56.50	
CHOICE	XXXXX2634	DENTON, COLBY	4712280000							IF
	11/20/24	92014 92015 V2103 V2750 V2784	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 \$69 Totals	165.00 50.00 130.00 49.00 50.00 0.00 139.00	13.30 14.50 0.00 0.00 35.00 39.20 78.78	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 0.00 74.20	0.00 0.00 0.00 0.00 0.00 14.00 21.00 0.00	43.20 13.30 -10.50 0.00 0.00 -14.00 -21.00 78.78 89.78	7K 7K OP OP 1C
CHOICE	XXXXX2634	DENTON, EVANGE	ELINA 4712267300							
	11/20/24	92014 92015	1 Exam - Comp 1 Refraction Totals	165.00 50.00 215.00	13.30	10.00 0.00 10.00	0.00 0.00 0.00	0.00 0.00 0.00	43.20 13.30 56.50	
ENHCDAD	XXXXX0970	DIXON, RANDAL	4711359000							
V	11/15/24	92014 92015	1 Exam - Comp 1 Refraction Totals	165.00 50.00 215.00	0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	50.00 0.00 50.00	5X
ENHCDAE	XXXXX0970	DIXON, SHELIA	4711341600							



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

				1 AVE AMAKILL	.U IA /911:	9-0000					Page 15
Plan	Insured ID	Patient	Name Pt Acct #	Claim			Patien	Pays	VSP Lab	VSP Pays	
				Number			Doo	tor	Allocation	Doctor	
						Total		Patient	Plan		
		Proc Code/			Billed	Compensation	CoPay	Pay	Provided	Provider	Message
	Service Dat		Unit(s) Service Description		Amount	Componication	00, u,	Materials	Materials	Payment	Code(s)
	Octvice Dat	e Modifiers	Official Description		Amount			Materials	Materials	1 dyment	Oude(3)
	11/15/24	92014 92015	1 Exam - Comp 1 Refraction	Totals	165.00 50.00 215.00	0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	50.00 0.00 50.00	5X
OLIGIOE	VVVVV4004	FOTDADA IIIAN			210.00	00.00	0.00	0.00	0.00	00.00	
CHOICE	XXXXX1034	ESTRADA, JUAN		4730986300				Ī			
	11/21/24	92014 92015	1 Exam - Comp 1 Refraction		165.00 50.00	53.20 13.30	20.00 0.00	0.00 0.00	0.00 0.00	33.20 13.30	
		92015	i heriaction	Totals	215.00	66.50	20.00	0.00	0.00	46.50	
CHOICE	XXXXX1134	FLODES CENES	IS .	4830089000		55.55					
CHOICE		FLORES, GENES		4630069000	105.00	50.00	10.00	0.00	0.00	40.00	
	11/26/24	92014 92015	1 Exam - Comp 1 Refraction		165.00 50.00		10.00 0.00	0.00 0.00	0.00 0.00	43.20 13.30	
		02010	1 Tionadion	Totals	215.00		10.00	0.00	0.00	56.50	
CHOICE	XXXXX0093	FRALEY, JORDA	N	4712263400							
OHOIOL	11/20/24	92014	1 Exam - Comp	47 12203400	165.00	53.20	0.00	0.00	0.00	E2 20	
	11/20/24	92014	1 Refraction		50.00	13.30	0.00	0.00	0.00	53.20 13.30	
				Totals	215.00	66.50	0.00	0.00	0.00	66.50	
CHOICE	XXXXX0093	FRALEY, MICHEL	LE	4712263000							
	11/20/24	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	
SIG PLAN	XXXXX2758	GALLOW, TRENT	ON	4833002200							
	12/24/24	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	44.00 13.50	
				Totals	215.00	67.50	10.00	0.00	0.00	57.50	
SIG PLAN	XXXXX8079	GAMMON, MATTI	HEW	4706631700							
	11/07/24	V2521	12 Contact Lenses		144.00		0.00	0.00	0.00	144.00	
				Totals	144.00	144.00	0.00	0.00	0.00	144.00	
ENHCDA	XXXXX8238	GARCIA, ALOND		1923635700							
V	11/25/24	92014	1 Exam - Comp		165.00	50.00	0.00	0.00	0.00	50.00	E.V.
		92015	1 Refraction	Totals	50.00 215.00		0.00 0.00	0.00 0.00	0.00 0.00	0.00 50.00	5X
ENUIOD 45		040014 575114			213.00	30.00	0.00	0.00	0.00	30.00	
ENHCDAL	XXXXX8238	GARCIA, EVELIA		1923429600							
l v	11/25/24	92014 92015	1 Exam - Comp 1 Refraction		165.00 50.00	50.00 0.00	0.00 0.00	0.00 0.00	0.00 0.00	50.00 0.00	5X
		9 <u>2</u> 015	і непасноп	Totals	215.00	50.00	0.00 0.00	0.00 0.00	0.00 0.00	5 0.00	οV
CHOICE	VVVVV0445	CONTALET NO.	A		210.00	00.00	0.00	0.00	0.00	30.00	
CHOICE	XXXXX3115	GONZALEZ, NOL		1276567200							
	11/13/24	92004 92015	1 Exam - Comp 1 Refraction		189.00 50.00	53.20 13.30	10.00 0.00	0.00 0.00	0.00 0.00	43.20 13.30	
1		32013	i iteliaction	I	50.00	10.00	0.00	0.00	0.00	15.50	ļ





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

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)

				Totals	239.00	66.50	10.00	0.00	0.00	56.50	
CHOICE	XXXXX9062	GUERRERO, ERICA		4740284300							IF
	12/20/24	92014 92015 V2100 V2750 V2784 V2020	1 Exam - Comp 1 Refraction 2 Lens - SV 2 Anti-Reflective Coating Pe 2 Lens, Polycarbonate Or E 1 Cov+Cop - AD - Polycarbo 1 Cov+Cop - QM - Anti-Refl 1 Frame/Disp - Dr Supplied	qual, Any Ind onate ective Coatin	165.00 50.00 130.00 49.00 50.00 0.00 0.00 249.00 693.00	53.20 13.30 14.50 0.00 35.00 39.20 79.81 235.01	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 35.00 39.20 0.00 74.20	0.00 0.00 0.00 0.00 0.00 14.00 21.00 0.00 35.00	53.20 13.30 14.50 0.00 0.00 -14.00 -21.00 79.81 125.81	7K 7K OP OP 1C
CHOICE	XXXXX9062	GUERRERO, PHOE	NIX	4739572400							
	12/20/24	92014 92015	1 Exam - Comp 1 Refraction	Totals	165.00 50.00 215.00	53.20 13.30 66.50	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	53.20 13.30 66.50	
SIG PLAN	XXXXX5179	HADACHEK, STEPH	HEN	4706078300							
	11/05/24	92004 92015	1 Exam - Comp 1 Refraction	Totals	189.00 50.00 239.00	54.00 13.50 67.50	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	54.00 13.50 67.50	
CHOICE	XXXXX3104	HALL, VIRGINIA		4710726900							
	11/12/24	V2520	48 Contact Lenses	Totals	360.00 360.00	360.00 360.00	0.00 0.00	230.00 230.00	0.00 0.00	130.00 130.00	1C
CHOICE	XXXXX3104	HALL, VIRGINIA		4811197600							
	11/12/24	92014 92015	1 Exam - Comp 1 Refraction	Totals	165.00 50.00 215.00	53.20 13.30 66.50	10.00 0.00 10.00	0.00 0.00 0.00	0.00 0.00 0.00	43.20 13.30 56.50	
CHOICE	XXXXX3104	HALL, WILLIAM		4710265100							
	11/12/24	V2520	48 Contact Lenses	Totals	360.00 360.00	360.00 360.00	0.00 0.00	230.00 230.00	0.00 0.00	130.00 130.00	1C
CHOICE	XXXXX3104	HALL, WILLIAM		4710271300							
	11/12/24	92014 92015	1 Exam - Comp 1 Refraction	Totals	165.00 50.00 215.00	53.20 13.30 66.50	10.00 0.00 10.00	0.00 0.00 0.00	0.00 0.00 0.00	43.20 13.30 56.50	
CHOICE	XXXXX1887	HARRIS, WILLIAM		4542674700							
	12/17/24	92014 92015	1 Exam - Comp 1 Refraction	Totals	165.00 50.00 215.00	53.20 13.30 66.50	10.00 0.00 10.00	0.00 0.00 0.00	0.00 0.00 0.00	43.20 13.30 56.50	



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

Plan	Insured ID	Patient Name	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 Un	it(s) Service Description		Amount			Materials	Materials	Payment	Code(s)

ENHCDAD	XXXXX2301	HART, SHAUN		4753184000							
V	11/22/24	92004	1 Exam - Comp		189.00	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
				Totals	239.00	50.00	0.00	0.00	0.00	50.00	
ENHCDAD	XXXXX2301	HART, SHAUN		4753187100							
V	11/22/24	V2522	24 Contact Lenses		240.00	240.00	0.00	65.00	0.00	175.00	1C
				Totals	240.00	240.00	0.00	65.00	0.00	175.00	
ENHCDAE	XXXXX6423	HERNANDEZ, API	RIL	4829630800							
٧	12/24/24	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
				Totals	215.00	50.00	0.00	0.00	0.00	50.00	
ENHCDAE	XXXXX6423	HERNANDEZ, ISA	BELLA	4829635400							IF
V	12/24/24	V2103	2 Lens-SV		130.00	16.00	0.00	0.00	0.00	16.00	
		V2750	2 Anti-Reflective Coating P	er Lens	99.00	0.00	0.00	0.00	0.00	0.00	7K
		V2784	2 Lens, Polycarbonate Ör E	=quai, Any ind	50.00 0.00	0.00	0.00	0.00	0.00 6.00	0.00	7K
			 Cov - AD - Polycarbonate Cov+Cop - QT - Anti-Refl 		0.00	6.00 68.00	0.00 0.00	68.00	41.00	0.00	OP
		V2020	1 Frame/Disp - Dr Supplied		249.00	76,00	0.00	* 00.00	0.00		1C PM 05 OM
		*2020	Trame/Biop Breapplied	Totals	528.00	166.00	0.00	68.00	47.00	51.00	101 111 00 0111
ENLIGHT					_						
IENHCDAL) XXXXX6423	HERNANDEZ. ISA	BELLA	4833006400							
V	12/24/24	HERNANDEZ, ISA 92014		4833006400	165.00	50.00	0.00	0.00	0.00	50.00	
V	12/24/24	92014 92015	BELLA 1 Exam - Comp 1 Refraction	4833006400	165.00 50.00	50.00 0.00	0.00 0.00	0.00	0.00	50.00 0.00	5X
V		92014	1 Exam - Comp	4833006400 Totals							5X
V		92014	1 Exam - Comp 1 Refraction		50.00	0.00	0.00	0.00	0.00	0.00	5X
V	12/24/24	92014 92015	1 Exam - Comp 1 Refraction	Totals	50.00	0.00	0.00	0.00	0.00	0.00	
V	12/24/24 D XXXXX0738	92014 92015 HERRERA, ISRAE	1 Exam - Comp 1 Refraction	Totals 4791479700	50.00 215.00 165.00 50.00	0.00 50.00 50.00 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 50.00 50.00 0.00	5X
V	12/24/24 D XXXXX0738	92014 92015 HERRERA, ISRAE 92014	1 Exam - Comp 1 Refraction L 1 Exam - Comp	Totals	50.00 215.00 165.00	0.00 50.00	0.00	0.00	0.00	0.00 50.00	
V	12/24/24 D XXXXX0738	92014 92015 HERRERA, ISRAE 92014	1 Exam - Comp 1 Refraction L 1 Exam - Comp 1 Refraction	Totals 4791479700	50.00 215.00 165.00 50.00	0.00 50.00 50.00 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 50.00 50.00 0.00	
V ENHCDAD V	12/24/24 D XXXXX0738 11/25/24	92014 92015 HERRERA, ISRAE 92014 92015 HERRERA, REGIN 92014	1 Exam - Comp 1 Refraction L 1 Exam - Comp 1 Refraction	Totals 4791479700 Totals	50.00 215.00 165.00 50.00 215.00	0.00 50.00 50.00 0.00 50.00	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 50.00 50.00 0.00 50.00	5X
V ENHCDAD V	12/24/24 D XXXXX0738 11/25/24 XXXXX5436	92014 92015 HERRERA, ISRAE 92014 92015 HERRERA, REGIN 92014 92015	1 Exam - Comp 1 Refraction L 1 Exam - Comp 1 Refraction JA 1 Exam - Comp 1 Refraction	Totals 4791479700 Totals	50.00 215.00 165.00 50.00 215.00	50.00 0.00 50.00 50.00 50.00 53.20 13.30	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	50.00 50.00 50.00 50.00 50.00	5X
V ENHCDAD V	12/24/24 D XXXXX0738 11/25/24 XXXXX5436	92014 92015 HERRERA, ISRAE 92014 92015 HERRERA, REGIN 92014 92015 V2103	1 Exam - Comp 1 Refraction L 1 Exam - Comp 1 Refraction IA 1 Exam - Comp 1 Refraction 2 Lens - SV	Totals 4791479700 Totals 4813945500	50.00 215.00 165.00 50.00 215.00 165.00 50.00 130.00	50.00 0.00 50.00 50.00 50.00 53.20 13.30 14.50	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	50.00 50.00 50.00 50.00 50.00	5X
V ENHCDAD V	12/24/24 D XXXXX0738 11/25/24 XXXXX5436	92014 92015 HERRERA, ISRAE 92014 92015 HERRERA, REGIN 92015 V2103 V2750	1 Exam - Comp 1 Refraction L 1 Exam - Comp 1 Refraction IA 1 Exam - Comp 1 Refraction 2 Lens - SV 2 Anti-Reflective Coating Position	Totals 4791479700 Totals 4813945500 er Lens	165.00 215.00 165.00 215.00 215.00 165.00 50.00 130.00 49.00	50.00 50.00 50.00 50.00 50.00 53.20 13.30 14.50 0.00	0.00 0.00 0.00 0.00 0.00 0.00 25.00 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 0.0	0.00 50.00 0.00 50.00 50.00 43.20 13.30 -10.50 0.00	5X IF 7K
V ENHCDAD V	12/24/24 D XXXXX0738 11/25/24 XXXXX5436	92014 92015 HERRERA, ISRAE 92014 92015 HERRERA, REGIN 92014 92015 V2103	1 Exam - Comp 1 Refraction L 1 Exam - Comp 1 Refraction I Exam - Comp 1 Refraction 2 Lens - SV 2 Anti-Reflective Coating P 2 Lens, Polycarbonate Or E	Totals 4791479700 Totals 4813945500 er Lens Equal, Any Ind	50.00 215.00 165.00 50.00 215.00 165.00 50.00 130.00 49.00 50.00	50.00 50.00 50.00 50.00 50.00 53.20 13.30 14.50 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00 25.00 0.00 0	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 0.0	0.00 50.00 0.00 50.00 50.00 43.20 13.30 -10.50 0.00 0.00	5X IF 7K 7K
V ENHCDAD V	12/24/24 D XXXXX0738 11/25/24 XXXXX5436	92014 92015 HERRERA, ISRAE 92014 92015 HERRERA, REGIN 92015 V2103 V2750	1 Exam - Comp 1 Refraction L 1 Exam - Comp 1 Refraction Refraction Lens - SV 2 Anti-Reflective Coating P 2 Lens, Polycarbonate Or I 1 Cov+Cop - AD - Polycarb	Totals 4791479700 Totals 4813945500 er Lens Equal, Any Ind lonate	165.00 215.00 165.00 215.00 165.00 50.00 130.00 49.00 50.00 0.00	50.00 50.00 50.00 50.00 50.00 53.20 13.30 14.50 0.00 0.00 35.00	0.00 0.00 0.00 0.00 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 0.00 0.0	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0.00 50.00 0.00 50.00 43.20 13.30 -10.50 0.00 0.00 -14.00	5X IF 7K 7K 0P
V ENHCDAD V	12/24/24 D XXXXX0738 11/25/24 XXXXX5436	92014 92015 HERRERA, ISRAE 92014 92015 HERRERA, REGIN 92014 92015 V2103 V2750 V2784	1 Exam - Comp 1 Refraction L 1 Exam - Comp 1 Refraction NA 1 Exam - Comp 1 Refraction 2 Lens - SV 2 Anti-Reflective Coating Polycarbonate Or Elective Coy - AD - Polycarbonate Or Cov+Cop - AD - Polycarbonate Or Cov+Cop - QM - Anti-Reflective Cov+Cop - QM - QM - Anti-Reflective Cov+Cop - QM - Q	Totals 4791479700 Totals 4813945500 er Lens Equal, Any Indicate elective Coatin	165.00 215.00 50.00 215.00 165.00 50.00 130.00 49.00 50.00 0.00	50.00 50.00 50.00 50.00 50.00 53.20 13.30 14.50 0.00 0.00 35.00 39.20	0.00 0.00 0.00 0.00 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 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 0.0	0.00 50.00 0.00 50.00 43.20 13.30 -10.50 0.00 0.00 -14.00 -21.00	5X IF 7K 7K OP OP
V ENHCDAD V	12/24/24 D XXXXX0738 11/25/24 XXXXX5436	92014 92015 HERRERA, ISRAE 92014 92015 HERRERA, REGIN 92015 V2103 V2750	1 Exam - Comp 1 Refraction L 1 Exam - Comp 1 Refraction Refraction Lens - SV 2 Anti-Reflective Coating P 2 Lens, Polycarbonate Or I 1 Cov+Cop - AD - Polycarb	Totals 4791479700 Totals 4813945500 er Lens Equal, Any Indicate elective Coatin	165.00 215.00 165.00 215.00 165.00 50.00 130.00 49.00 50.00 0.00	50.00 50.00 50.00 50.00 50.00 53.20 13.30 14.50 0.00 0.00 35.00	0.00 0.00 0.00 0.00 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 0.00 0.0	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0.00 50.00 0.00 50.00 43.20 13.30 -10.50 0.00 0.00 -14.00	5X IF 7K 7K 0P





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

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	า	Amount	·	-	Materials	Materials	Payment	Code(s)

CHOICE	00000008683 0552	HESTER, ELIZABETH	2189779400							
	12/03/24	92014 1 92015 1	Exam - Comp Refraction Totals	165.00 50.00 215.00	53.20 13.30 66.50	10.00 0.00 10.00	0.00 0.00 0.00	0.00 0.00 0.00	43.20 13.30 56.50	
CHOICE	XXXXX5436	JOHNS, KAMILLA	4813800800					3.33		IF
	12/23/24	92014 1 92015 1 V2103 2 V2750 2 V2784 2 V2020 1	Anti-Reflective Coating Per Lens	165.00 50.00 130.00 49.00 50.00 0.00 0.00 199.00	53.20 13.30 14.50 0.00 0.00 6.00 39.20 82.25 208.45	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 39.20 0.00 39.20	0.00 0.00 0.00 0.00 0.00 6.00 21.00 0.00 27.00	43.20 13.30 -10.50 0.00 0.00 -21.00 82.25 107.25	7K 7K OP 1C
CHOICE	XXXXX6634	JUAREZ, JOEL	4832491100	3.0.00						
	11/27/24	92014 1 92015 1	Exam - Comp Refraction Totals	165.00 50.00 215.00	53.20 13.30 66.50	20.00 0.00 20.00	0.00 0.00 0.00	0.00 0.00 0.00	33.20 13.30 46.50	
CHOICE	XXXXX4842	KAMPITAN, VINCENT	4728354700							6E
	10/31/24	V2521 18	0 Contact Lenses Totals	270.00 270.00	0.00 0.00	0.00 0.00	0.00 0.00	0.00 0.00	0.00 0.00	1C
CHOICE	XXXXX0308	KENNEDY, DARBY	4772215900							
	11/25/24	V2520 18	0 Contact Lenses Totals	202.00 202.00	202.00 202.00	0.00 0.00	72.00 72.00	0.00 0.00	130.00 130.00	1C
CHOICE	XXXXX2197	LEMLEY, JOE	4868624000							
	12/02/24	92004 1 92015 1	Exam - Comp Refraction Totals	189.00 50.00 239.00	53.20 13.30 66.50	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	53.20 13.30 66.50	
CHOICE	XXXXX8020	LOPEZ, FRANCISCO	4869706600							IF
	12/06/24	92004 1 92015 1 V2100 1 V2103 1 V2744 2 V2750 2 V2784 2 1	Anti-Reflective Coating Per Lens	189.00 50.00 65.00 65.00 100.00 99.00 50.00 0.00	53.20 13.30 7.25 7.25 0.00 0.00 0.00 35.00 75.00	10.00 0.00 0.00 20.00 0.00 0.00 0.00 0.0	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 14.00 45.00	43.20 13.30 7.25 -12.75 0.00 0.00 0.00 21.00 30.00	7K 7K 7K



AMARILLO EYE ASSOCIATES PA

			•	30UI 3W 45IH A	AVE AWAKILI	LO 1X /911	9-0000					rageis
Plan	Insured ID	Patient Na	ame	Pt Acct #	Claim			Patier	nt Pays	VSP Lab	VSP Pays	
					Number			Do	ctor	Allocation	Doctor	I
							Total		Patient	Plan		
		Proc Code/				Billed	Compensation	CoPay	Pay	Provided	Provider	Message
	Service Date	Modifiers	Unit(s) Servic	e Description		Amount			Materials	Materials	Payment	Code(s)
ļ			(- /									

		V2020	1 Cov+Cop - QT - Anti-Reflec 1 Frame/Disp - Dr Supplied \$		0.00 197.00 815.00	68.00 104.10 363.10	0.00 0.00 30.00	68.00 21.60 89.60	41.00 0.00 100.00	-41.00 82.50 143.50	OP 1C 05 OM
CHOICE	XXXXX4934	LOZA, JAYVIAN		1053078000							IF
	11/07/24	92004 92015 V2103 V2750 V2784 V2020	1 Exam - Comp 1 Refraction 2 Lens - SV 2 Anti-Reflective Coating Per 2 Lens, Polycarbonate Or Eq 1 Cov - AD - Polycarbonate 1 Cov+Cop - QM - Anti-Refle 1 Frame/Disp - Dr Supplied \$	ual, Any Ind	189.00 50.00 130.00 49.00 50.00 0.00 0.00 149.00	53.20 13.30 14.50 0.00 6.00 39.20 93.50 219.70	10.00 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 39.20 0.00 39.20	0.00 0.00 0.00 0.00 0.00 6.00 21.00 0.00	43.20 13.30 14.50 0.00 0.00 0.00 -21.00 93.50 143.50	7 K 7 K OP 1 C 05 OM
CHOICE	XXXXX3134	MABRY, COLLIN		4599098500							
	12/18/24	V2520	360 Contact Lenses	Totals	460.00 460.00	460.00 460.00	0.00 0.00	330.00 330.00	0.00 0.00	130.00 130.00	1C
ENHCDAD	XXXXX1391	MAUPIN, CHADRIC	CK	4711099400							
V	11/14/24	92014 92015	1 Exam - Comp 1 Refraction	Totals	165.00 50.00 215.00	50.00 0.00 50.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	50.00 0.00 50.00	5X
CHOICE	XXXXX8304	MCDONALD, LISA		4837546800							
	11/27/24	V2520	24 Contact Lenses	Totals	180.00 180.00	180.00 180.00	0.00 0.00	30.00 30.00	0.00 0.00	150.00 150.00	1C
ENHCDAE	XXXXX4830	MCGAUGHEY, LO	NDON	4711454600							
٧	11/18/24	92014 92015	1 Exam - Comp 1 Refraction	Totals	165.00 50.00 215.00	50.00 0.00 50.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	50.00 0.00 50.00	5X
CHOICE	XXXXX5525	MCINTIRE, MCKEN	NZIE	4710356300							
	11/12/24	V2521	12 Contact Lenses	Totals	230.00 230.00	230.00 230.00	0.00 0.00	100.00 100.00	0.00 0.00	130.00 130.00	1C
CHOICE	XXXXX9137	MCMURTREY, CA	DEN	4831255300							
	11/27/24	92014 92015	1 Exam - Comp 1 Refraction	Totals	165.00 50.00 215.00	53.20 13.30 66.50	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	53.20 13.30 66.50	
CHOICE	XXXXX9137	MCMURTREY, CA	DEN	4831262100							
	11/27/24	V2521	24 Contact Lenses	Totals	260.00 260.00	260.00 260.00	0.00 0.00	60.00 60.00	0.00 0.00	200.00 200.00	1C





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

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)

CHOICE	XXXXX9137	MCMURTREY, TRISHA	1994380100							
	11/21/24	92014 1 92015 1 V2781 2 V2201 1 V2207 1 V2750 2 V2784 2 V2784 1 1	Exam - Comp Refraction Progressive Lens, Per Lens Lens - Bifocal Lens - Bifocal Anti-Reflective Coating Per Lens Lens, Polycarbonate Or Equal, Any Ind Cov+Cop - JD - Add Cost Prog J in Pol Cov+Cop - JA - Progressive J in Plast Cov+Cop - QT - Anti-Reflective Coatin Frame/Disp - Dr Supplied \$76	165.00 50.00 470.00 0.00 99.00 50.00 0.00 0.00 279.00	53.20 13.30 18.50 0.00 24.56 0.00 0.00 35.00 95.00 68.00 156.70 464.26	0.00 0.00 35.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 35.00 95.00 68.00 63.20 261.20	0.00 0.00 0.00 0.00 24.56 0.00 0.00 15.00 46.00 41.00 0.00 126.56	53.20 13.30 -16.50 0.00 0.00 0.00 -15.00 -46.00 -41.00 93.50 41.50	OP 5X 5X 7K 7K OP OP OP OP
SIG PLAN	XXXXX1820	MEASON, SETH	4811579200							
	12/23/24	92014 1 92015 1	Exam - Comp Refraction Totals	165.00 50.00 215.00	54.00 13.50 67.50	10.00 0.00 10.00	0.00 0.00 0.00	0.00 0.00 0.00	44.00 13.50 57.50	
CHOICE	GULDA59416 4	MELENDEZ IBARRA, I	NANCY 4709609600							
	11/08/24	92014 1 92015 1	Exam - Comp Refraction Totals	165.00 50.00 215.00	53.20 13.30 66.50	10.00 0.00 10.00	0.00 0.00 0.00	0.00 0.00 0.00	43.20 13.30 56.50	
ENHCDAD	XXXXX2371	METTHAM, ANDREW	4542709500							
V	12/17/24	92014 1 92015 1	Exam - Comp Refraction Totals	165.00 50.00 215.00	50.00 0.00 50.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	50.00 0.00 50.00	5X
CHOICE	XXXXX3445	MEYERS, ALEA	4707140800							
	11/07/24	92014 1 92015 1	Exam - Comp Refraction Totals	165.00 50.00 215.00	53.20 13.30 66.50	10.00 0.00 10.00	0.00 0.00 0.00	0.00 0.00 0.00	43.20 13.30 56.50	
CHOICE	XXXXX3445	MEYERS, ALEA	4708646100							IF
	11/07/24		Lens - SV Anti-Reflective Coating Per Lens Lens, Polycarbonate Or Equal, Any Ind Cov - AD - Polycarbonate Cov+Cop - QM - Anti-Reflective Coatin Frame/Disp - Dr Supplied \$96	130.00 49.00 50.00 0.00 0.00 219.00	14.50 0.00 0.00 6.00 39.20 100.42	20.00 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 6.00 21.00 0.00	-5.50 0.00 0.00 0.00 -21.00 100.42	7 K 7 K OP 1 C
			Totals	448.00	160.12	20.00	39.20	27.00	73.92	



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

Plan	Insured ID	Patient Nan	ne Pt Acct #	Claim				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 L	Jnit(s) Service Description		Amount		_	Materials	Materials	Payment	Code(s)

CHOICE	XXXXX3624	MONTERROSAS GARCIA, YULIANA	4739589900							
	12/20/24	92004 1 Exam - Co 92015 1 Refraction	mp Totals	189.00 50.00 239.00	53.20 13.30 66.50	20.00 0.00 20.00	0.00 0.00 0.00	0.00 0.00 0.00	33.20 13.30 46.50	
CHOICE	NCC4289694	4NORWOOD, ASHLEY	4710394500							
	11/12/24	92014 1 Exam - Co 92015 1 Refraction	mp Totals	165.00 50.00 215.00	53.20 13.30 66.50	15.00 0.00 15.00	0.00 0.00 0.00	0.00 0.00 0.00	38.20 13.30 51.50	
CHOICE	XXXXX1134	ONTIVEROS, DAVID	4830092600				<u> </u>		<u> </u>	
	11/26/24	92014 1 Exam - Co 92015 1 Refraction	np Totals	165.00 50.00 215.00	53.20 13.30 66.50	10.00 0.00 10.00	0.00 0.00 0.00	0.00 0.00 0.00	43.20 13.30 56.50	
CHOICE	XXXXX1134	ONTIVEROS, KARMELLA	4830094100							
	11/26/24	92014 1 Exam - Co 92015 1 Refraction	np Totals	165.00 50.00 215.00	53.20 13.30 66.50	10.00 0.00 10.00	0.00 0.00 0.00	0.00 0.00 0.00	43.20 13.30 56.50	
CHOICE	NCC4853655	7ORONA, RODRIGO	1148135200		·		·		·	
	11/08/24	92014 1 Exam - Co 92015 1 Refraction	np Totals	165.00 50.00 215.00	53.20 13.30 66.50	15.00 0.00 15.00	0.00 0.00 0.00	0.00 0.00 0.00	38.20 13.30 51.50	
CHOICE	XXXXX9272	PACHECO, ERIKA	4503257600							
	10/28/24	V2522 180 Contact Le	nses Totals	350.00 350.00	350.00 350.00	0.00 0.00	100.00 100.00	0.00 0.00	250.00 250.00	1C
CHOICE	XXXXX8070	PENA, ADRIE	4888917100							
	12/26/24	92014 1 Exam - Co 92015 1 Refraction	mp Totals	165.00 50.00 215.00	53.20 13.30 66.50	10.00 0.00 10.00	0.00 0.00 0.00	0.00 0.00 0.00	43.20 13.30 56.50	
CHOICE	XXXXX8070	PENA, ROBIN	4888958300							
	12/26/24	92014 1 Exam - Co 92015 1 Refraction	mp Totals	165.00 50.00 215.00	53.20 13.30 66.50	10.00 0.00 10.00	0.00 0.00 0.00	0.00 0.00 0.00	43.20 13.30 56.50	
CHOICE	XXXXX7312	PENSE, KAYLEE	4542742300							
	12/17/24	92014 1 Exam - Co 92015 1 Refraction	mp	165.00 50.00	53.20 13.30	10.00 0.00	0.00 0.00	0.00 0.00	43.20 13.30	





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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)

				Totals	215.00	66.50	10.00	0.00	0.00	56.50	
	XXXXX0653	PEREZ, CII	ENNA	4889074700							
V	12/26/24	92014 92015	1 Exam - Comp 1 Refraction	Totals	165.00 50.00 215.00	50.00 0.00 50.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	50.00 0.00 50.00	5X
ENHCDAD	XXXXX0653	PEREZ, CII	ENNA	4889156300							
V	12/26/24	V2520	360 Contact Lenses	Totals	352.00 352.00	352.00 352.00	0.00 0.00	222.00 222.00	0.00 0.00	130.00 130.00	1C
CHOICE	XXXXX4901	PEREZ, JE	NNIFER	4825222100							
	11/26/24	V2520	12 Contact Lenses	Totals	170.00 170.00	170.00 170.00	0.00 0.00	40.00 40.00	0.00 0.00	130.00 130.00	1C
ENHCDAD	XXXXX2821	POWELL,	ANDREW	4825401600							
V	11/26/24	92014 92015	1 Exam - Comp 1 Refraction	Totals	165.00 50.00 215.00	50.00 0.00 50.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	50.00 0.00 50.00	5X
CHOICE	NCC4472473	OPRATHER,	AUBRY	4707013800							
	11/07/24	V2520	24 Contact Lenses	Totals	180.00 180.00	180.00 180.00	0.00 0.00	30.00 30.00	0.00 0.00	150.00 150.00	1C
CHOICE	NCC4472473	OPRATHER,	AUBRY	4708432300							
	11/07/24	92014 92015	1 Exam - Comp 1 Refraction	Totals	165.00 50.00 215.00	53.20 13.30 66.50	15.00 0.00 15.00	0.00 0.00 0.00	0.00 0.00 0.00	38.20 13.30 51.50	
CHOICE	NCC4472473	OPRATHER,	JERED	4711473400							
	11/18/24	92014 92015	1 Exam - Comp 1 Refraction	Totals	165.00 50.00 215.00	53.20 13.30 66.50	15.00 0.00 15.00	0.00 0.00 0.00	0.00 0.00 0.00	38.20 13.30 51.50	
CHOICE	0001012870	PRESTON,	KENLEY	4712269800							
	11/21/24	92014 92015	1 Exam - Comp 1 Refraction	Totals	165.00 50.00 215.00	53.20 13.30 66.50	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	53.20 13.30 66.50	
SIG PLAN	0000943539	QUDRATU	LLAH, TAMANA	4712262500							



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			0001 311 4311	I AVE AMAKILL	OIA /911	9-0000					Page23
Plan	Insured ID	Patient N	Name Pt Acct #	Claim			Patien	t Pays	VSP Lab	VSP Pays	
				Number			Dog		Allocation	Doctor	
						Total		Patient	Plan		
		Proc Code/			Billed	Compensation	CoPay	Pay	Provided	Provider	Message
	Service Dat	e Modifiers	Unit(s) Service Description		Amount			Materials	Materials	Payment	Code(s)
			_	·				i	•		
	11/19/24	92014 92015	1 Exam - Comp 1 Refraction		165.00 50.00		20.00 0.00	0.00 0.00	0.00 0.00	34.00 13.50	
		92013	i Heriaction	Totals	215.00		20.00	0.00	0.00	47.50	
ENHCDAD	XXXXX0738	QUINTANA-MEND	F7	4791240700							
V		STEPHANIE		4/3/240/00							
	11/25/24	V2521	180 Contact Lenses	Totals	230.00 230.0 0	230.00 230.00	0.00 0.00	55.00 55.00	0.00 0.00	175.00 175.00	1C
ENHCDAD	XXXXX0245	RAMOS, ALISSA		4710886500						·	
V	12/19/24	V2520	180 Contact Lenses		174.00 174.0 0	174.00 174.00	0.00	0.00	0.00	174.00 174.00	
				Totals	174.00	174.00	0.00	0.00	0.00	174.00	
ENHCDAD	XXXXX0245	RAMOS, ALISSA		4712400300							
٧	12/19/24	92014	1 Exam - Comp		165.00	50.00	0.00	0.00	0.00	50.00	
		92015	1 Refraction	Totals	50.00 215.0 0		0.00 0.00	0.00 0.00	0.00 0.00	0.00 50.00	5X
ENHCDAD	XXXXX0245	RAMOS, DENA		4710804300	213.00	30.00	0.00	0.00	0.00	30.00	
V	12/19/24	92014	1 Exam - Comp	4710804300	165.00	50.00	0,00	0.00	0.00	50.00	
	12/19/24	92014 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	XXXXX0245	RAMOS, DENA		4710844700							
V	12/19/24	V2520	180 Contact Lenses		174.00	174.00	0.00	0.00	0.00	174.00	
<u></u>				Totals	174.00	174.00	0.00	0.00	0.00	174.00	
CHOICE	XXXXX2634	RIGSBY, CHARLO		4730358000							
	11/20/24	92014	1 Exam - Comp		165.00		10.00 0.00	0.00 0.00	0.00	43.20	
		92015	1 Refraction	Totals	50.00 215.0 0		10.00	0.00 0.00	0.00 0.00	13.30 56.50	
CHOICE	0108676113	RODGERS, BROO	KF	4748158200							
31.0702	1.000,0110			1, 15100200							
	11/22/24	V2520	90 Contact Lenses		115.00	115.00	0.00	0.00	0.00	115.00	
				Totals	115.00	115.00	0.00	0.00	0.00	115.00	
ENHCDAD	XXXXX2957	RODRIGUEZ, XAV	/IER	4711325000							
V	11/15/24	92014	1 Exam - Comp		165.00	50.00	0.00	0.00	0.00	50.00	
		92015	1 Refraction	Totals	50.00 215.0 0		0.00 0.00	0.00 0.00	0.00 0.00	0.00 50.00	5X
ENLIGH 45	VVVVV	DODDIOUEZ VAN	UED.		∠15.00	50.00	0.00	0.00	0.00	50.00	i -
ENHCDAD	XXXXX2957	RODRIGUEZ, XAV		4711887800	100	40.55				40.55	IF
	11/15/24	V2103 V2750	Lens - SV Anti-Reflective Coating Per	Lens	130.00 49.00		0.00 0.00	0.00 0.00	0.00 0.00	16.00 0.00	7 K
		V2784	2 Lens, Polycarbonate Or Eq	ual, Any Ind	50.00		0.00	0.00	0.00	0.00	7K





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

Number N				0001 3W 43111 AVL	. , (10), (1 (1)	.0 17(7011)	0000					i agez-
Proc Code/ Service Date Proc Code/ Modifiers Unit(s) Service Description Billed Amount Corpensator CoPay Patient Patient Provider Message Provider	Plan	Insured ID	Patient N	Name Pt Acct#	Claim			Patien	t Pays	VSP Lab	VSP Pays	
Proc Code/ Service Date Proc Code/ Modifiers Unit(s) Service Description Billed Amount Corpensator CoPay Patient Patient Provider Message Provider				ľ	Number			Doo	tor	Allocation	Doctor	
Proc Code/ Modifiers Provided Modifiers Provided Materials Provided Prov							Total					
Service Date Modifiers Unit(s) Service Description Amount Materials Materials Payment Code(s)			Proc Codo/			Billad		CoBoy			Drovidor	Mossago
1 Cov-Cop - AD - Polycarbonate 0.00 35.00 0.00 55.00 14.00 OP		0 . 0 .		11.37.10 i D i i			Compensation	Coray	-			
Control Cont		Service Dat	e Modifiers	Unit(s) Service Description		Amount			Materials	Materials	Payment	Code(s)
Control Cont												
Control Cont												
Control Cont												
Control Cont					Ĩ							
Totals Z29.00 90.20 0.00 74.20 35.00 19.00												OP
Horice XXXXX2393 Rubio, Janeth 4710955800 11/14/24 92014				1 Cov+Cop - QM - Anti-Reflective C								OP
11/14/24 92014					iotais	229.00	90.20	0.00	74.20	35.00	-19.00	
Post	CHOICE	XXXXX2393	RUBIO, JANETH	47	10955800							
Totals 215.00 66.50 10.00 0.00 0.00 56.50		11/14/24	92014	1 Exam - Comp			53.20	10.00	0.00		43.20	
Choice XXXXX2393 RuBio, Janeth 4710988000 11/14/24 V2520 12 Contact Lenses Totals 234,00 234,00 0,00 59,00 0,00 175,00 10 10 175,00 10 10 11/14/24 V2520 12 Contact Lenses Totals 234,00 234,00 0,00 59,00 0,00 175,00 10 10 175,00 10 10 10 10 10 10 10			92015	1 Refraction			13.30				13.30	
11/14/24 V2520					Totals	215.00	66.50	10.00	0.00	0.00	56.50	
Totals 234,00 234,00 234,00 59,00 0.00 175,00	CHOICE	XXXXX2393	RUBIO, JANETH	47	10988000							
Fige		11/14/24	V2520	12 Contact Lenses		234.00	234.00	0.00	59.00	0.00	175.00	1C
11/15/24 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 0.00 0.00 0.00 13.50 0.00					Totals	234.00	234.00	0.00	59.00	0.00	175.00	
11/15/24 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 0.00 0.00 0.00 13.50 0.00 0.00 0.00 0.00 13.50 0.00	SIG PLAN	XXXXX4226	RUIZ-MITCHELL. I	MAICYN 47	11587000							IF
Section Sect			· ·			165.00	54.00	10.00	0.00	0.00	44.00	
V2103		11/13/24	92015			50.00	13.50	0.00			13.50	
V2750								25.00			7.50	
V2784												7K
1 Cov - AD - Polycarbonate 0.00 7.00 0.00 0.00 7.00 0.00 0.00 21.00 -21				2 Lens. Polycarbonate Or Equal. A	nv Ind							
1 Cov+Cop - QM - Anti-Reflective Coatin 0.00 37.00 0.00 37.00 0.0				1 Cov - AD - Polycarbonate	,							
V2020				1 Cov+Cop - QM - Anti-Reflective C	Coatin	0.00	37.00	0.00	37.00	21.00	-21.00	OP
12/19/24 92004 1 Exam - Comp 189.00 54.00 20.00 0.00 0.00 34.00 13.50 0.00 13.50 0.00 13.50 0.00 13.50 0.00 0.00 13.50 0.00 0.00 13.50 0.00 0.00 0.00 0.00 13.50 0.00			V2020	1 Frame/Disp - Dr Supplied \$50		99.00	87.50	0.00	0.00	0.00		1C 05 OM
12/19/24 92004 1 Exam - Comp 189.00 54.00 20.00 0.00 0.00 34.00 50.00 13.50 20.00 0.00 0.00 13.50 20.00 0.00 0.00 13.50 20.00 0.00 0.00 13.50 20.00 0.00 0.00 13.50 20.00 20.00 0.00 2					Totals	543.00	231.50	35.00	37.00	28.00	131.50	
12/19/24 92004 1 Exam - Comp 189.00 54.00 20.00 0.00 0.00 34.00 50.00 13.50 20.00 0.00 0.00 13.50 20.00 0.00 0.00 13.50 20.00 0.00 0.00 13.50 20.00 0.00 0.00 13.50 20.00 20.00 0.00 2	SIG PLAN	XXXXX5205	SAENZ. AARON	47	10618400							
Second S			<u> </u>			189.00	54.00	20.00	0.00	0.00	34.00	
Totals 239.00 67.50 20.00 0.00 0.00 47.50		12/13/24	92015	1 Refraction				0.00			13.50	
NHCDAD XXXXX5819 SUENKEL, ERIK					Totals						47.50	
11/15/24 92014 1 Exam - Comp 165.00 50.00 0.	ENHCDAD	XXXXX5819	SHENKEL ERIK	A7	11296600						-	
92015 1 Refraction 50.00 0.00 0.00 0.00 0.00 0.00 50.0	V				11230000	165.00	50.00	0.00	0.00	0.00	50.00	
Totals 215.00 50.00 0.00 0.00 50.00 50.00 F CHOICE NCC44724730VARGAS, EVE 4816702100 IF 11/07/24 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 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 0.00 7K 1 Cov - AD - Polycarbonate 0.00 6.00 0.00 0.00 0.00 0.00 0.00 0.0		11/15/24	92014	1 Refraction		50.00	0.00				0.00	5 X
Hoice NCC44724730VARGAS, EVE 11/07/24 92014			02010	T Hondon	Totals							0,1
11/07/24 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 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 0.00 7K 1 Cov - AD - Polycarbonate 0.00 6.00 0.00 0.00 0.00 0.00 0.00 0.0		NO04470470	OVADOAO EVE	40								iP.
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 1 Cov - AD - Polycarbonate 0.00 6.00 0.00 0.00 0.00 0.00 0.00 0.0	CHOICE	NCC44/24/3	OVARGAS, EVE	48	16/02100							II-
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 1 Cov - AD - Polycarbonate 0.00 6.00 0.00 0.00 0.00 0.00 0.00 0.0												
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 1 Cov - AD - Polycarbonate 0.00 6.00 0.00 0.00 0.00 0.00 0.00 0.0		11/07/24		1 Exam - Comp				15.00			38.20	
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 0.00 0.00 7K 1 Cov - AD - Polycarbonate 0.00 6.00 0.00 0.00 6.00 0.00 6.00 0.00				1 Refraction				0.00			13.30	
V2784 2 Lens, Polycarbonate Ör Equal, Any Ind 50.00 0.00 0.00 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 6.00 0.00 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>25.00</td><td></td><td></td><td></td><td></td></td<>								25.00				
1 Cov - AD - Polycarbonate 0.00 6.00 0.00 0.00 6.00 0.00 0.00 0.0				2 Anti-Reflective Coating Per Lens								
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 \$57 239.00 145.70 0.00 71.20 0.00 74.50 1C 05 OM			V2784	Lens, Polycarbonate Or Equal, A	ny Ind							7 K
V2020 1 Frame/Disp - Dr Supplied \$57 239.00 145.70 0.00 71.20 0.00 74.50 1C 05 OM				1 Cov - AD - Polycarbonate								
V2020 1 Frame/Disp - Dr Supplied \$57 239.00 145.70 0.00 71.20 0.00 74.50 1C 05 OM Totals 683.00 271.90 40.00 110.40 27.00 94.50				1 Cov+Cop - QM - Anti-Reflective C	Coatin							
Totals 683.00 271.90 40.00 110.40 27.00 94.50			V2020	1 Frame/Disp - Dr Supplied \$57	_							1C 05 OM
					Totals	683.00	271.90	40.00	110.40	27.00	94.50	



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

Plan	Insured ID	Patient Name	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 Un	it(s) Service Description		Amount			Materials	Materials	Payment	Code(s)

CHOICE	NCC4472473	OVARGAS, REECE	4833934100							IF
	11/07/24	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	
		V2100	1 Lens - SV	65.00	7.25	0.00	0.00	0.00	7.25	
		V2103	1 Lens - SV	65.00	7.25	25.00	0.00	0.00	-17.75	
		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	0.0
		1/2-2-	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	149.00	74.50	0.00	0.00	0.00	74.50	1C 05 OM
			Totals	593.00	200.70	40.00	39.20	27.00	94.50	
SIG PLAN	XXXXX2758	WASHINGTON, QUE	NTON 4813792000							
	12/23/24	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	XXXXX2758	WASHINGTON, ROE	BERT 4747956400							
	11/21/24	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	XXXXX2758	WASHINGTON, ROE	BERT 4753176000							IF
SIG PLAN	XXXXX2758 11/21/24	V2103	2 Lens - SV	130.00	32.50	10.00	0.00	0.00	22.50	
SIG PLAN		V2103 V2744	Lens - SV Tint Photochromatic Per Lens	130.00 100.00	0.00	0.00	0.00	0.00	0.00	7K
SIG PLAN		V2103 V2744 V2750	2 Lens - SV 2 Tint Photochromatic Per Lens 2 Anti-Reflective Coating Per Lens	130.00 100.00 99.00	0.00	0.00 0.00	0.00 0.00	0.00	0.00	7 K 7 K
SIG PLAN		V2103 V2744	2 Lens - SV 2 Tint Photochromatic Per Lens 2 Anti-Reflective Coating Per Lens 2 Lens, Polycarbonate Or Equal, Any Ind	130.00 100.00 99.00 50.00	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	7K 7K 7K
SIG PLAN		V2103 V2744 V2750	2 Lens - SV 2 Tint Photochromatic Per Lens 2 Anti-Reflective Coating Per Lens 2 Lens, Polycarbonate Or Equal, Any Ind 1 Cov+Cop - AD - Polycarbonate	130.00 100.00 99.00 50.00 0.00	0.00 0.00 0.00 33.00	0.00 0.00 0.00 0.00	0.00 0.00 0.00 33.00	0.00 0.00 0.00 19.00	0.00 0.00 0.00 -19.00	7 K 7 K 7 K 0 P
SIG PLAN		V2103 V2744 V2750	2 Lens - SV 2 Tint Photochromatic Per Lens 2 Anti-Reflective Coating Per Lens 2 Lens, Polycarbonate Or Equal, Any Ind 1 Cov+Cop - AD - Polycarbonate 1 Cov+Cop - PR - Photochromic Plastic	130.00 100.00 99.00 50.00 0.00	0.00 0.00 0.00 33.00 70.00	0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 33.00 70.00	0.00 0.00 0.00 19.00 47.00	0.00 0.00 0.00 -19.00 -47.00	7K 7K 7K OP OP
SIG PLAN		V2103 V2744 V2750 V2784	2 Lens - SV 2 Tint Photochromatic Per Lens 2 Anti-Reflective Coating Per Lens 2 Lens, Polycarbonate Or Equal, Any Ind 1 Cov+Cop - AD - Polycarbonate 1 Cov+Cop - PR - Photochromic Plastic 1 Cov+Cop - QT - Anti-Reflective Coatin	130.00 100.00 99.00 50.00 0.00 0.00	0.00 0.00 0.00 33.00 70.00 61.00	0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 33.00 70.00 61.00	0.00 0.00 0.00 19.00 47.00 41.00	0.00 0.00 0.00 -19.00 -47.00 -41.00	7K 7K 7K OP OP OP
SIG PLAN		V2103 V2744 V2750	2 Lens - SV 2 Tint Photochromatic Per Lens 2 Anti-Reflective Coating Per Lens 2 Lens, Polycarbonate Or Equal, Any Ind 1 Cov+Cop - AD - Polycarbonate 1 Cov+Cop - PR - Photochromic Plastic 1 Cov+Cop - QT - Anti-Reflective Coatin 1 Frame/Disp - Dr Supplied \$67	130.00 100.00 99.00 50.00 0.00 0.00 0.00 265.00	0.00 0.00 0.00 33.00 70.00 61.00 176.50	0.00 0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 33.00 70.00 61.00 72.00	0.00 0.00 0.00 19.00 47.00 41.00 0.00	0.00 0.00 0.00 -19.00 -47.00 -41.00 104.50	7K 7K 7K OP OP
	11/21/24	V2103 V2744 V2750 V2784 V2020	2 Lens - SV 2 Tint Photochromatic Per Lens 2 Anti-Reflective Coating Per Lens 2 Lens, Polycarbonate Or Equal, Any Ind 1 Cov+Cop - AD - Polycarbonate 1 Cov+Cop - PR - Photochromic Plastic 1 Cov+Cop - QT - Anti-Reflective Coatin	130.00 100.00 99.00 50.00 0.00 0.00	0.00 0.00 0.00 33.00 70.00 61.00	0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 33.00 70.00 61.00	0.00 0.00 0.00 19.00 47.00 41.00	0.00 0.00 0.00 -19.00 -47.00 -41.00	7K 7K 7K OP OP OP
SIG PLAN CHOICE	11/21/24 XXXXX6856	V2103 V2744 V2750 V2784 V2020	2 Lens - SV 2 Tint Photochromatic Per Lens 2 Anti-Reflective Coating Per Lens 2 Lens, Polycarbonate Or Equal, Any Ind 1 Cov+Cop - AD - Polycarbonate 1 Cov+Cop - PR - Photochromic Plastic 1 Cov+Cop - QT - Anti-Reflective Coatin 1 Frame/Disp - Dr Supplied \$67 Totals 4710879700	130.00 100.00 99.00 50.00 0.00 0.00 0.00 265.00 644.00	0.00 0.00 0.00 33.00 70.00 61.00 176.50 373.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 10.00	0.00 0.00 0.00 33.00 70.00 61.00 72.00 236.00	0.00 0.00 0.00 19.00 47.00 41.00 0.00 107.00	0.00 0.00 0.00 -19.00 -47.00 -41.00 104.50 20.00	7K 7K 7K OP OP OP
	11/21/24	V2103 V2744 V2750 V2784 V2020 WHEELER, CIDNEY 92014	2 Lens - SV 2 Tint Photochromatic Per Lens 2 Anti-Reflective Coating Per Lens 2 Lens, Polycarbonate Or Equal, Any Ind 1 Cov+Cop - AD - Polycarbonate 1 Cov+Cop - PR - Photochromic Plastic 1 Cov+Cop - QT - Anti-Reflective Coatin 1 Frame/Disp - Dr Supplied \$67 Totals 4710879700 1 Exam - Comp	130.00 100.00 99.00 50.00 0.00 0.00 265.00 644.00	0.00 0.00 0.00 33.00 70.00 61.00 176.50 373.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 10.00	0.00 0.00 0.00 33.00 70.00 61.00 72.00 236.00	0.00 0.00 0.00 19.00 47.00 41.00 0.00 107.00	0.00 0.00 0.00 -19.00 -47.00 -41.00 104.50 20.00	7K 7K 7K OP OP OP
	11/21/24 XXXXX6856	V2103 V2744 V2750 V2784 V2020	2 Lens - SV 2 Tint Photochromatic Per Lens 2 Anti-Reflective Coating Per Lens 2 Lens, Polycarbonate Or Equal, Any Ind 1 Cov+Cop - AD - Polycarbonate 1 Cov+Cop - PR - Photochromic Plastic 1 Cov+Cop - QT - Anti-Reflective Coatin 1 Frame/Disp - Dr Supplied \$67 Totals 4710879700 1 Exam - Comp 1 Refraction	130.00 100.00 99.00 50.00 0.00 0.00 265.00 644.00	0.00 0.00 0.00 33.00 70.00 61.00 176.50 373.00	0.00 0.00 0.00 0.00 0.00 0.00 10.00	0.00 0.00 0.00 33.00 70.00 61.00 72.00 236.00	0.00 0.00 19.00 47.00 41.00 0.00 107.00	0.00 0.00 0.00 -19.00 -47.00 -41.00 104.50 20.00	7K 7K 7K OP OP OP
CHOICE	11/21/24 XXXXX6856 11/14/24	V2103 V2744 V2750 V2784 V2020 WHEELER, CIDNEY 92014 92015	2 Lens - SV 2 Tint Photochromatic Per Lens 2 Anti-Reflective Coating Per Lens 2 Lens, Polycarbonate Or Equal, Any Ind 1 Cov+Cop - AD - Polycarbonate 1 Cov+Cop - PR - Photochromic Plastic 1 Cov+Cop - QT - Anti-Reflective Coatin 1 Frame/Disp - Dr Supplied \$67 Totals 4710879700 1 Exam - Comp 1 Refraction Totals	130.00 100.00 99.00 50.00 0.00 0.00 265.00 644.00	0.00 0.00 0.00 33.00 70.00 61.00 176.50 373.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 10.00	0.00 0.00 0.00 33.00 70.00 61.00 72.00 236.00	0.00 0.00 0.00 19.00 47.00 41.00 0.00 107.00	0.00 0.00 0.00 -19.00 -47.00 -41.00 104.50 20.00	7 K 7 K 7 K OP OP OP 1 C 05 OM
	11/21/24 XXXXX6856 11/14/24 XXXXX6856	V2103 V2744 V2750 V2784 V2020 WHEELER, CIDNEY 92014 92015	2 Lens - SV 2 Tint Photochromatic Per Lens 2 Anti-Reflective Coating Per Lens 2 Lens, Polycarbonate Or Equal, Any Ind 1 Cov+Cop - AD - Polycarbonate 1 Cov+Cop - PR - Photochromic Plastic 1 Cov+Cop - QT - Anti-Reflective Coatin 1 Frame/Disp - Dr Supplied \$67 Totals 4710879700 1 Exam - Comp 1 Refraction Totals 4711533000	130.00 100.00 99.00 50.00 0.00 0.00 265.00 644.00	0.00 0.00 0.00 33.00 70.00 61.00 176.50 373.00 53.20 13.30 66.50	0.00 0.00 0.00 0.00 0.00 0.00 10.00	0.00 0.00 0.00 33.00 70.00 61.00 72.00 236.00	0.00 0.00 19.00 47.00 41.00 0.00 107.00	0.00 0.00 0.00 -19.00 -47.00 104.50 20.00 43.20 13.30 56.50	7K 7K 7K OP OP OP
CHOICE	11/21/24 XXXXX6856 11/14/24	V2103 V2744 V2750 V2784 V2020 WHEELER, CIDNEY 92014 92015 WHEELER, CIDNEY V2103	2 Lens - SV 2 Tint Photochromatic Per Lens 2 Anti-Reflective Coating Per Lens 2 Lens, Polycarbonate Or Equal, Any Ind 1 Cov+Cop - AD - Polycarbonate 1 Cov+Cop - PR - Photochromic Plastic 1 Cov+Cop - QT - Anti-Reflective Coatin 1 Frame/Disp - Dr Supplied \$67 Totals 4710879700 1 Exam - Comp 1 Refraction Totals 4711533000 1 Lens - SV	130.00 100.00 99.00 50.00 0.00 0.00 265.00 644.00 165.00 215.00	0.00 0.00 0.00 33.00 70.00 61.00 176.50 373.00 53.20 13.30 66.50	0.00 0.00 0.00 0.00 0.00 0.00 10.00	0.00 0.00 0.00 33.00 70.00 61.00 72.00 236.00	0.00 0.00 19.00 47.00 41.00 0.00 107.00	0.00 0.00 0.00 -19.00 -47.00 -41.00 104.50 20.00 43.20 13.30 56.50	7K 7K 7K OP OP OP 1C 05 OM
CHOICE	11/21/24 XXXXX6856 11/14/24 XXXXX6856	V2103 V2744 V2750 V2784 V2020 WHEELER, CIDNEY 92014 92015 WHEELER, CIDNEY V2103 V2104	2 Lens - SV 2 Tint Photochromatic Per Lens 2 Anti-Reflective Coating Per Lens 2 Lens, Polycarbonate Or Equal, Any Ind 1 Cov+Cop - AD - Polycarbonate 1 Cov+Cop - PR - Photochromic Plastic 1 Cov+Cop - QT - Anti-Reflective Coatin 1 Frame/Disp - Dr Supplied \$67 Totals 4710879700 1 Exam - Comp 1 Refraction Totals 4711533000 1 Lens - SV 1 Lens - SV	130.00 100.00 99.00 50.00 0.00 0.00 265.00 644.00 165.00 215.00	0.00 0.00 0.00 33.00 70.00 61.00 176.50 373.00 53.20 13.30 66.50	0.00 0.00 0.00 0.00 0.00 0.00 10.00 10.00 0.00 10.00	0.00 0.00 0.00 33.00 70.00 61.00 72.00 236.00 0.00 0.00 0.00	0.00 0.00 19.00 47.00 41.00 0.00 107.00	0.00 0.00 0.00 -19.00 -47.00 -41.00 104.50 20.00 43.20 13.30 56.50	7 K 7 K 7 K OP OP OP 1 C 05 OM
CHOICE	11/21/24 XXXXX6856 11/14/24 XXXXX6856	V2103 V2744 V2750 V2784 V2020 WHEELER, CIDNEY 92014 92015 WHEELER, CIDNEY V2103	2 Lens - SV 2 Tint Photochromatic Per Lens 2 Anti-Reflective Coating Per Lens 2 Lens, Polycarbonate Or Equal, Any Ind 1 Cov+Cop - AD - Polycarbonate 1 Cov+Cop - PR - Photochromic Plastic 1 Cov+Cop - QT - Anti-Reflective Coatin 1 Frame/Disp - Dr Supplied \$67 Totals 4710879700 1 Exam - Comp 1 Refraction Totals 4711533000 1 Lens - SV 1 Lens - SV 2 Lens, Polycarbonate Or Equal, Any Ind	130.00 100.00 99.00 50.00 0.00 0.00 265.00 644.00 165.00 215.00	0.00 0.00 0.00 33.00 70.00 61.00 176.50 373.00 53.20 13.30 66.50	0.00 0.00 0.00 0.00 0.00 0.00 10.00 10.00 10.00 25.00 0.00	0.00 0.00 0.00 33.00 70.00 61.00 72.00 236.00 0.00 0.00 0.00	0.00 0.00 19.00 47.00 41.00 0.00 107.00	0.00 0.00 0.00 -19.00 -47.00 -41.00 104.50 20.00 43.20 13.30 56.50	7K 7K 7K OP OP OP 1C 05 OM
CHOICE	11/21/24 XXXXX6856 11/14/24 XXXXX6856	V2103 V2744 V2750 V2784 V2020 WHEELER, CIDNEY 92014 92015 WHEELER, CIDNEY V2103 V2104	2 Lens - SV 2 Tint Photochromatic Per Lens 2 Anti-Reflective Coating Per Lens 2 Lens, Polycarbonate Or Equal, Any Ind 1 Cov+Cop - AD - Polycarbonate 1 Cov+Cop - PR - Photochromic Plastic 1 Cov+Cop - QT - Anti-Reflective Coatin 1 Frame/Disp - Dr Supplied \$67 Totals 4710879700 1 Exam - Comp 1 Refraction Totals 4711533000 1 Lens - SV 1 Lens - SV	130.00 100.00 99.00 50.00 0.00 0.00 265.00 644.00 165.00 215.00	0.00 0.00 0.00 33.00 70.00 61.00 176.50 373.00 53.20 13.30 66.50	0.00 0.00 0.00 0.00 0.00 0.00 10.00 10.00 0.00 10.00	0.00 0.00 0.00 33.00 70.00 61.00 72.00 236.00 0.00 0.00 0.00	0.00 0.00 19.00 47.00 41.00 0.00 107.00	0.00 0.00 0.00 -19.00 -47.00 -41.00 104.50 20.00 43.20 13.30 56.50	7 K 7 K 7 K OP OP OP 1 C 05 OM





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	Name 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	439.00	211.20	25.00	122.20	14.00	50.00	
CHOICE	XXXXX3841	YOUNGBLOOD, COR	EY 4710914300							IF
	11/14/24	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	
			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	7 K
		V2784	2 Lens, Polycarbonate Ör Equal, Any Ind	50.00	0.00	0.00	0.00	0.00	0.00	7 K
			1 Cov+Cop - AD - Polycarbonate	0.00	35.00	0.00	35.00	14.00	-14.00	OP
			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 \$85	259.00	102.32	0.00	0.00	0.00	102.32	1C
			Totals	703.00	257.52	0.00	74.20	35.00	148.32	
			Total Provider:	34871.00	15856.44	1044.00	3916.20	919.56	9976.68	

 TOTAL THIS OFFICE:
 57890.00
 26791.03
 1437.00
 8284.60
 1744.69
 15324.74

 TOTAL ALL OFFICES:
 57890.00
 26791.03
 1437.00
 8284.60
 1744.69
 15324.74

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	XXXXX9794	CHACON, OMAR		4826242500		IF
			In-Office Finishing Service		35.00	
CHOICE	XXXXX0438	LEAL, STANLEY		4862292100		IF
			In-Office Finishing Service		35.00	
CHOICE	XXXXX9137	MCMURTREY, DYLAN		4708904800		IF
			In-Office Finishing Service		27.00	
CHOICE	XXXXX6743	MCPHERSON, KARRI		4709982500		IF
			In-Office Finishing Service		35.00	
CHOICE	XXXXX7060	MURGA, JORGE		4542503400		IF
			In-Office Finishing Service		10.00	
CHOICE	GU943394120	NICKENS, CARLA		4542576700		IF
			In-Office Finishing Service		14.00	
ENHCDAD V	XXXXX0460	CHAGOYA, YANESSA		4811804600		IF



DATE: 12/31/24 Check #: 97976345 **AMARILLO EYE ASSOCIATES PA**

Doctor Payment Arrangement: *****8938 Page27 8601 SW 45TH AVE AMARILLO TX 79119-0000

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)

In-Office Finishing (IOF)

Plan	Insured ID	Patient Name	Pt Acct #	Claim	VSP Pays	
				Number	Doctor	
					IOF	
					Provider	Message
			Service Description		Payment	Code(s)
			In-Office Finishing Service		10.00	
ENHCDAD	XXXXX6067	MARKEL, TREVER		4710576300		IF
V						
			In-Office Finishing Service		27.00)
CHOICE	XXXXX4563	MASSENGALE, CALEY		2042965100		IF
			In-Office Finishing Service		27.00	
CHOICE	XXXXX4563	MASSENGALE, CILEY		2043083500	07.0	IF
0110105	100000001=		In-Office Finishing Service		27.00	
CHOICE	XXXXX3817	PICHCUSKIE, MICHAEI	L In-Office Finishing Service	4731533900	35,00	lF IF
CHOICE	VVVVV4400	ZAMODA MADICOL	III-Onice I inishing Service	407070000	35.00	IF
CHOICE	XXXXX1489	ZAMORA, MARISOL	In-Office Finishing Service	4870789800	10,00	==
CHOICE	XXXXX5436	BARBOSA, LARISSA	in Onice I mishing Cervice	4811734200	10.00	İF
CHOICE	AAAAA3430	DANDOSA, LANISSA	In-Office Finishing Service	4611734200	27.00	
CHOICE	XXXXX4320	BARNETT, ELIZABETH	•	4773188300		IF
	700000110_0		In-Office Finishing Service		35.00	
CHOICE	NCC4453393	6BURNETT, PAMELA		4730869100		IF
		,	In-Office Finishing Service		59.00	
CHOICE	XXXXX6210	CHAIREZ, BRIANA		4711620700		IF
			In-Office Finishing Service		14.00	
SIG PLAN	0000891591	DE LA O, CRISTIAN		4747627800		IF
			In-Office Finishing Service		17.00	
CHOICE	XXXXX3765	DEARDORFF, RON		4711645700		IF
			In-Office Finishing Service		35.00	
CHOICE	XXXXX2634	DENTON, COLBY	1 000 500 100	4712280000	95.0	lF IF
OLIGIAE	WWW.0000	OUEDDEDO EDIOA	In-Office Finishing Service	4740004000	35,00	
CHOICE	XXXXX9062	GUERRERO, ERICA	In-Office Finishing Service	4740284300	35,00	lF IF
ENHODAD	VVVVC400	HEDMANDEZ ICADELL		40000000000	35,00	IF
ENHCDAD V	XXXXX6423	HERNANDEZ, ISABELL	.A	4829635400		15
v			In-Office Finishing Service		47.00	
			555 1 1110111119 5514100		1 1100	TI .





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

Plan	Insured ID	Patient Na	me 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 I	Unit(s) Service Description		Amount	·	-	Materials	Materials	Payment	Code(s)

In-Office Finishing (IOF)

Б.	1 115	D. 11 1 1 1	D. A	Q1 .	LVODD	
Plan	Insured ID	Patient Name	Pt Acct #	Claim	VSP Pays	
				Number	Doctor	
					IOF	
					Provider	Message
			Service Description		Payment	Code(s)
CHOICE	XXXXX5436	HERRERA, REGINA		4813945500		IF
			In-Office Finishing Service		35.00	
CHOICE	XXXXX5436	JOHNS, KAMILLA		4813800800		IF
			In-Office Finishing Service		27.00	
CHOICE	XXXXX8020	LOPEZ, FRANCISCO		4869706600		IF
			In-Office Finishing Service		100.00	
CHOICE	XXXXX4934	LOZA, JAYVIAN		1053078000		IF
			In-Office Finishing Service		27.00	
CHOICE	XXXXX3445	MEYERS, ALEA		4708646100		IF
			In-Office Finishing Service		27.00	
ENHCDAD V	XXXXX2957	RODRIGUEZ, XAVIER		4711887800		IF
•			In-Office Finishing Service		35.00	
SIG PLAN	XXXXX4226	RUIZ-MITCHELL, MAIC		4711587000		IF
			In-Office Finishing Service		28.00	
CHOICE	NCC4472473	OVARGAS, EVE		4816702100		IF
			In-Office Finishing Service		27.00	
CHOICE	NCC4472473	OVARGAS, REECE		4833934100		IF
			In-Office Finishing Service		27.00	
SIG PLAN	XXXXX2758	WASHINGTON, ROBER		4753176000		IF
			In-Office Finishing Service		107.00	
CHOICE	XXXXX6856	WHEELER, CIDNEY		4711533000		IF
			In-Office Finishing Service		14.00	
CHOICE	XXXXX3841	YOUNGBLOOD, CORE		4710914300		IF
			In-Office Finishing Service		35.00	

Totals 1085.00

Check#: 97976345 Total VSP Check 16,409.74



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

Doctor Payment Arrangement: *****8938 Page29

Plan	Insured ID	Patient Name	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)

	Current	YTD
Number of Claims:	185	2618
Total Compensation:	\$26,791.03	\$472,928.89
Provider Payment:	\$15,324.74	\$204,093.65
Patient Payments:	\$9,721.60	\$212,301.80
îOF Provider Payment:	\$1,085.00	\$23,711.00
Plan Provided Materials:	\$659.69	\$32,822.44

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

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.

PO: Lab 100 is not allowed.

05: Wholesale frame amount over limit.





AMARILLO EYE ASSOCIATES PA 8601 SW 45TH AVE AMARILLO TX 79119-0000 Doctor Payment Arrangement: *****8938
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Plan	Insured ID	Patient Na	me 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 I	Unit(s) Service Description		Amount	·	-	Materials	Materials	Payment	Code(s)

Message Codes:

- 1C: Benefit maximum for this time period or occurrence has been reached.
- 5Q: This service was not paid due to a similar service already being paid.
- 5X: This service is included in the reimbursement of another procedure billed for this date of service.
- 6E: Service has previously been paid.
- 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.