

Date: 12/31/24
 Check # 97976345
 AMARILLO EYE ASSOCIATES PA
 Doctor Payment Arrangement: *****8938
 8601 SW 45TH AVE AMARILLO TX 79119-0000



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

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

CHOICE XXXXX2798 ALEJANDRO, DESIREE 4888998100										
12/26/24	92014	1	Exam - Comp	165.00	53.20	10.00	0.00	0.00	43.20	
	92015	1	Refraction	50.00	13.30	0.00	0.00	0.00	13.30	
Totals				215.00	66.50	10.00	0.00	0.00	56.50	
CHOICE XXXXX2798 ALEJANDRO, DESIREE 4889036400										
12/26/24	V2520	180	Contact Lenses	250.00	250.00	0.00	120.00	0.00	130.00	1C
Totals				250.00	250.00	0.00	120.00	0.00	130.00	
SIG PLAN 0000975716 BARRIENTOS, FELIX 4747561300										
11/21/24	92014	1	Exam - Comp	165.00	54.00	25.00	0.00	0.00	29.00	
	92015	1	Refraction	50.00	13.50	0.00	0.00	0.00	13.50	
Totals				215.00	67.50	25.00	0.00	0.00	42.50	
ENHCDAD XXXXX7194 BOROUGHES, VIRGINIA 4711729200										
V 11/19/24	92004	1	Exam - Comp	189.00	50.00	0.00	0.00	0.00	50.00	5X
	92015	1	Refraction	50.00	0.00	0.00	0.00	0.00	0.00	
Totals				239.00	50.00	0.00	0.00	0.00	50.00	
ENHCDAD XXXXX9794 CHACON, AVIANNA 4825354000										
V 11/26/24	92004	1	Exam - Comp	189.00	50.00	0.00	0.00	0.00	50.00	5X
	92015	1	Refraction	50.00	0.00	0.00	0.00	0.00	0.00	
Totals				239.00	50.00	0.00	0.00	0.00	50.00	
ENHCDAD XXXXX9794 CHACON, OMAR 4826242500 IF										
V 11/26/24	V2104	2	Lens - SV	130.00	16.00	0.00	0.00	0.00	16.00	
	V2750	2	Anti-Reflective Coating Per Lens	49.00	0.00	0.00	0.00	0.00	0.00	7K
	V2784	2	Lens, Polycarbonate Or Equal, Any Ind	50.00	0.00	0.00	0.00	0.00	0.00	7K
		1	Cov+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 \$57	129.00	76.00	0.00	*	0.00	76.00	1C PM 05 OM
Totals				358.00	166.20	0.00	74.20	35.00	57.00	
ENHCDAD XXXXX2945 CHOZET, HAYLEE 1999975100										
V 12/13/24	92004	1	Exam - Comp	189.00	50.00	0.00	0.00	0.00	50.00	5X
	92015	1	Refraction	50.00	0.00	0.00	0.00	0.00	0.00	
	V2100	2	Lens - SV	130.00	28.67	0.00	0.00	12.67	16.00	
	V2744	2	Tint Photochromatic Per Lens	100.00	0.00	0.00	0.00	0.00	0.00	7K
	V2750	2	Anti-Reflective Coating Per Lens	99.00	0.00	0.00	0.00	0.00	0.00	7K
	V2784	2	Lens, Polycarbonate Or Equal, Any Ind	50.00	0.00	0.00	0.00	0.00	0.00	7K



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

				1 Cov - AD - Polycarbonate	0.00	6.00	0.00	0.00	6.00	0.00	
				1 Cov - PR - Photochromic Plastic	0.00	75.00	0.00	0.00	45.00	30.00	
				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	239.00	76.00	0.00	*	0.00	76.00	1C PM 05 OM
				Totals	857.00	303.67	0.00	68.00	104.67	131.00	

ENHCDAD XXXXX4525	CHURCHWELL, MYLES	4791527300									
V	11/26/24	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	

CHOICE 0000012125	CLARK, TANNER	4708524200									
	11/07/24	92014	1	Exam - Comp	165.00	53.20	10.00	0.00	0.00	43.20	
		92015	1	Refraction	50.00	13.30	0.00	0.00	0.00	13.30	
				Totals	215.00	66.50	10.00	0.00	0.00	56.50	

CHOICE 0000012125	CLARK, TANNER	4824906200									
	11/25/24	V2520		720 Contact Lenses	696.00	696.00	0.00	546.00	0.00	150.00	1C
				Totals	696.00	696.00	0.00	546.00	0.00	150.00	

SIG PLAN XXXXX7612	CRUZ, REBECA	2203972800									
	11/26/24	V2522		180 Contact Lenses	234.00	234.00	0.00	104.00	0.00	130.00	1C
				Totals	234.00	234.00	0.00	104.00	0.00	130.00	

ENHCDAD XXXXX8168	CUELLAR, BROOKLYN	3494625100									
V	12/10/24	V2103	2	Lens - SV	130.00	28.67	0.00	0.00	12.67	16.00	
		V2745	2	Tint, Any Color, Solid, Gradient, Per	20.00	0.00	0.00	0.00	0.00	0.00	7K
		V2750	2	Anti-Reflective Coating Per Lens	99.00	0.00	0.00	0.00	0.00	0.00	7K
		V2784	2	Lens, Polycarbonate Or Equal, Any Ind	50.00	0.00	0.00	0.00	0.00	0.00	7K
			1	Cov - AD - Polycarbonate	0.00	6.00	0.00	0.00	6.00	0.00	
			2	Cov - MN - Plastic Dyes - Solid Excep	0.00	15.00	0.00	0.00	5.00	10.00	
			2	Cov+Cop - QT - Anti-Reflective Coatin	0.00	68.00	0.00	68.00	41.00	-41.00	OP
				Totals	299.00	117.67	0.00	68.00	64.67	-15.00	

ENHCDAD XXXXX0220	DOWDEN, TERRY	2879619800									
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



Plan	Insured ID	Patient Name	Pt Acct #	Claim Number			Patient Pays Doctor		VSP Lab Allocation	VSP Pays Doctor	
	Service Date	Proc Code/ Modifiers	Unit(s)	Service Description	Billed Amount	Total Compensation	CoPay	Patient Pay Materials	Plan Provided Materials	Provider Payment	Message Code(s)
Totals					888.00	374.56	0.00	253.00	159.56	-38.00	
CHOICE 4	GUUAD52557	HARRIS, GEORGE		4712402800							
	12/19/24	92014	1	Exam - Comp	165.00	53.20	10.00	0.00	0.00	43.20	
		92015	1	Refraction	50.00	13.30	0.00	0.00	0.00	13.30	
Totals					215.00	66.50	10.00	0.00	0.00	56.50	
CHOICE	XXXXX3199	JOHNSON, KIMBERLY		4712402500							
	12/19/24	92014	1	Exam - Comp	165.00	53.20	10.00	0.00	0.00	43.20	
		92015	1	Refraction	50.00	13.30	0.00	0.00	0.00	13.30	
Totals					215.00	66.50	10.00	0.00	0.00	56.50	
ENHCDAD V	XXXXX8123	JOHNSON, MARSHAL		4712256800							
	11/19/24	92014	1	Exam - Comp	165.00	50.00	0.00	0.00	0.00	50.00	5X
		92015	1	Refraction	50.00	0.00	0.00	0.00	0.00	0.00	
Totals					215.00	50.00	0.00	0.00	0.00	50.00	
ENHCDAD V	XXXXX8123	JOHNSON, MARSHAL		4712258900							
	11/19/24	V2520		720 Contact Lenses	704.00	704.00	0.00	574.00	0.00	130.00	1C
Totals					704.00	704.00	0.00	574.00	0.00	130.00	
CHOICE	XXXXX1054	JONES, MARILEE		4709551800							
	11/08/24	92014	1	Exam - Comp	165.00	53.20	10.00	0.00	0.00	43.20	
		92015	1	Refraction	50.00	13.30	0.00	0.00	0.00	13.30	
Totals					215.00	66.50	10.00	0.00	0.00	56.50	
CHOICE	XXXXX3996	KUBITSCHKE, LARRY		4711677200							
	11/19/24	92004	1	Exam - Comp	189.00	53.20	20.00	0.00	0.00	33.20	
		92015	1	Refraction	50.00	13.30	0.00	0.00	0.00	13.30	
Totals					239.00	66.50	20.00	0.00	0.00	46.50	
CHOICE	XXXXX0438	LEAL, STANLEY		4862292100							
	12/26/24	V2103	2	Lens - SV	130.00	14.50	0.00	0.00	0.00	14.50	IF
		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+Cop - QM - Anti-Reflective Coatin	0.00	39.20	0.00	39.20	21.00	-21.00	OP
			1	Cov+Cop - AD - Polycarbonate	0.00	35.00	0.00	35.00	14.00	-14.00	OP
		V2020	1	Frame/Disp - Dr Supplied \$70	179.00	87.50	0.00	0.00	0.00	87.50	1C 05 OM
Totals					408.00	176.20	0.00	74.20	35.00	67.00	
SIG PLAN	XXXXX1117	MAYNARD, CALLIE		4888878800							
	12/26/24	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	



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					Billed Amount	Total Compensation	CoPay	Patient Pay Materials	Plan Provided Materials	Provider Payment	Message Code(s)
	Service Date	Proc Code/ Modifiers	Unit(s)	Service Description							

CHOICE	XXXXX9137	MCMURTREY, DYLAN	4708904800								IF
	11/08/24	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	
		V2107	2	Lens - SV	130.00	14.50	35.00	0.00	0.00	-20.50	
		V2750	2	Anti-Reflective Coating Per Lens	49.00	0.00	0.00	0.00	0.00	0.00	7K
		V2784	2	Lens, Polycarbonate Or Equal, Any Ind	50.00	0.00	0.00	0.00	0.00	0.00	7K
			1	Cov - AD - Polycarbonate	0.00	6.00	0.00	0.00	6.00	0.00	
			1	Cov+Cop - QM - Anti-Reflective Coatin	0.00	39.20	0.00	39.20	21.00	-21.00	OP
		V2020	1	Frame/Disp - Dr Supplied \$76	245.00	129.50	0.00	36.00	0.00	93.50	1C 05 OM
			Totals		689.00	255.70	35.00	75.20	27.00	118.50	

CHOICE	XXXXX6743	MCPHERSON, KARRI	4709982500								IF
	11/12/24	V2100	2	Lens - SV	130.00	14.50	25.00	0.00	0.00	-10.50	
		V2750	2	Anti-Reflective Coating Per Lens	49.00	0.00	0.00	0.00	0.00	0.00	7K
		V2784	2	Lens, Polycarbonate Or Equal, Any Ind	50.00	0.00	0.00	0.00	0.00	0.00	7K
			1	Cov+Cop - QM - Anti-Reflective Coatin	0.00	39.20	0.00	39.20	21.00	-21.00	OP
			1	Cov+Cop - AD - Polycarbonate	0.00	35.00	0.00	35.00	14.00	-14.00	OP
		V2020	1	Frame/Disp - Dr Supplied \$57	99.00	65.45	0.00	0.00	0.00	65.45	1C
			Totals		328.00	154.15	25.00	74.20	35.00	19.95	

CHOICE	XXXXX7060	MURGA, JORGE	4542503400								IF
	12/12/24	V2100	2	Lens - SV	130.00	14.50	0.00	0.00	0.00	14.50	
		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	
		V2020	1	Frame/Disp - Dr Supplied \$85	249.00	125.70	0.00	23.20	0.00	102.50	1C 05 OM
		S0590	1	Other Service	0.00	4.00	0.00	0.00	4.00	0.00	
			Totals		429.00	150.20	0.00	23.20	10.00	117.00	

CHOICE	GU943394120	NICKENS, CARLA	4542576700								IF
	12/13/24	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	
		V2784	2	Lens, Polycarbonate Or Equal, Any Ind	50.00	0.00	0.00	0.00	0.00	0.00	7K
			1	Cov+Cop - AD - Polycarbonate	0.00	35.00	0.00	35.00	14.00	-14.00	OP
		V2020	1	Frame/Disp - Dr Supplied \$58	249.00	154.70	0.00	79.20	0.00	75.50	1C 05 OM
			Totals		429.00	204.20	25.00	114.20	14.00	51.00	

ENHCDAD	XXXXX3365	ONDARA, TOMMY	4712403400								
V	12/20/24	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	

ENHCDAD	XXXXX3365	ONDARA, TOMMY	4712404100								
V	12/20/24	V2521		180 Contact Lenses	230.00	230.00	0.00	100.00	0.00	130.00	1C
			Totals		230.00	230.00	0.00	100.00	0.00	130.00	



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					Billed Amount	Total Compensation	CoPay	Patient Pay Materials	Plan Provided Materials	Provider Payment	Message Code(s)
	Service Date	Proc Code/ Modifiers	Unit(s)	Service Description							

CHOICE	XXXXX5718	PARK, PAMELA		4712401800							
	12/19/24	V2520	720 Contact Lenses		808.00	808.00	0.00	658.00	0.00	150.00	1C
			Totals		808.00	808.00	0.00	658.00	0.00	150.00	

CHOICE	2593000431	RILEY, AUBREY	4747769500								
	11/21/24	92014	1	Exam - Comp	165.00	53.20	10.00	0.00	0.00	43.20	
		92015	1	Refraction	50.00	13.30	0.00	0.00	0.00	13.30	
				Totals	215.00	66.50	10.00	0.00	0.00	56.50	

CHOICE	2593000431	RILEY, JOLENE	4748102900								
	11/22/24	92014	1	Exam - Comp	165.00	53.20	10.00	0.00	0.00	43.20	
		92015	1	Refraction	50.00	13.30	0.00	0.00	0.00	13.30	
				Totals	215.00	66.50	10.00	0.00	0.00	56.50	

CHOICE	XXXXX5075	TENORIO, ASHLYN		4711693800							
	11/19/24	V2520	720 Contact Lenses		696.00	696.00	0.00	496.00	0.00	200.00	1C
			Totals		696.00	696.00	0.00	496.00	0.00	200.00	

CHOICE	XXXXX2779	VAN ONGEVALLE, ALAN		4712410500							
	12/20/24	V2522	24 Contact Lenses		240.00	240.00	0.00	90.00	0.00	150.00	1C
			Totals		240.00	240.00	0.00	90.00	0.00	150.00	

CHOICE	18628822W	VANDAGRIFF, TAYLOR		2065668200							
	11/22/24	92014	1	Exam - Comp	165.00	53.20	4.00	0.00	0.00	49.20	
		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	19.92	4.00	0.00	12.67	3.25	
		V2745	2	Tint, Any Color, Solid, Gradient, Per	40.00	0.00	0.00	0.00	0.00	0.00	7K
		V2750	2	Anti-Reflective Coating Per Lens	99.00	0.00	0.00	0.00	0.00	0.00	7K
		V2780	2	Oversize Lens Per Lens	0.00	0.00	0.00	0.00	0.00	0.00	7K
		V2784	2	Lens, Polycarbonate Or Equal, Any Ind	50.00	0.00	0.00	0.00	0.00	0.00	7K
			1	Cov - AD - Polycarbonate	0.00	35.00	0.00	0.00	14.00	21.00	
			2	Cov+Cop - MN - Plastic Dyes - Solid E	0.00	15.00	0.00	15.00	5.00	-5.00	OP
			2	Cov+Cop - QT - Anti-Reflective Coatin	0.00	68.00	0.00	68.00	41.00	-41.00	OP
			2	Cov+Cop - RM - Oversize 61 MM or Great	0.00	0.00	0.00	0.00	5.00	-5.00	OP
		V2020	1	Frame/Disp - Dr Supplied \$50	179.00	106.70	0.00	39.20	0.00	67.50	1C 05 OM
				Totals	713.00	318.37	8.00	122.20	77.67	110.50	

SIG PLAN		XXXXX4066	VILLARREAL, GABRIEL		4825117300						
	11/26/24	92014	1	Exam - Comp	165.00	54.00	0.00	0.00	0.00	54.00	
		92015	1	Refraction	50.00	13.50	0.00	0.00	0.00	13.50	
				Totals	215.00	67.50	0.00	0.00	0.00	67.50	



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SIG PLAN XXXXX4066 VILLARREAL, GABRIEL 4825165900										
11/26/24	V2520	180 Contact Lenses		174.00	174.00	0.00	24.00	0.00	150.00	1C
Totals				174.00	174.00	0.00	24.00	0.00	150.00	

CHOICE	XXXXX9283	WALKER, KAREN	4889424000							
	12/26/24	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
				Totals	215.00	66.50	15.00	0.00	0.00	51.50

CHOICE	XXXXX4988	WATTS, GINA	4710689200								
	12/19/24	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	

CHOICE	XXXXX4988	WATTS, GINA		4710721200						
	12/19/24	V2520	24 Contact Lenses	180.00	180.00	0.00	30.00	0.00	150.00	1C
			Totals	180.00	180.00	0.00	30.00	0.00	150.00	

CHOICE	XXXXX0392	WEST, DAVID		4712410800							
	12/20/24	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	

ENHCDAD XXXXX0427 WILHELM, DANNY 4748043800											
V	11/21/24	92014	1	Exam - Comp	165.00	50.00	0.00	0.00	0.00	50.00	5X
		92015	1	Refraction	50.00	0.00	0.00	0.00	0.00	0.00	
				Totals	215.00	50.00	0.00	0.00	0.00	50.00	

CHOICE	0087246604	ZIMMERMAN, TERRY	4712404600							
12/20/24	V2521	12 Contact Lenses	Totals	130.00	130.00	0.00	10.00	0.00	120.00	1C
				130.00	130.00	0.00	10.00	0.00	120.00	

Total Provider: 14112.00 7796.92 233.00 3698.40 562.57 3302.95

Doctor: RYAN C HOLLINGSWORTH OD

CHOICE	XXXXX0290	BENNETT, JOHN		4710303300						
	11/12/24	V2522	12 Contact Lenses		120.00	120.00	0.00	0.00	0.00	120.00
			Totals		120.00	120.00	0.00	0.00	0.00	120.00

SIG PLAN XXXXX8815		CANO, BREEANNA		4773819700						
11/25/24	V2521	180 Contact Lenses		216.00	216.00	0.00	46.00	0.00	170.00	1C
Totals				216.00	216.00	0.00	46.00	0.00	170.00	



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

ENHCDAD XXXXX0460		CHAGOYA, YANESSA		4811804600						IF	
V	12/23/24	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
		V2100	1	Lens - SV	65.00	8.00	0.00	0.00	0.00	8.00	
		V2103	1	Lens - SV	65.00	8.00	0.00	0.00	0.00	8.00	
		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	
		V2020	1	Frame/Disp - Dr Supplied \$57	229.00	76.00	0.00	*	0.00	76.00	1C PM 05 OM
		S0590	1	Other Service	0.00	4.00	0.00	0.00	4.00	0.00	
	Totals				648.00	152.00	0.00	0.00	10.00	142.00	

CHOICE	0000012125	CLARK, TIMOTHY			4709718600						
	11/11/24	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	

CHOICE	XXXXX4199	COBURN, CHRISTY			4811614000						
	12/23/24	92014	1	Exam - Comp	165.00	53.20	10.00	0.00	0.00	43.20	
		92015	1	Refraction	50.00	13.30	0.00	0.00	0.00	13.30	
Totals					215.00	66.50	10.00	0.00	0.00	56.50	

ENHCDAD XXXXX7500		COLLINS, JEFFREY		4712268200							
V	11/20/24	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	

CHOICE	XXXXX4014	DAVIDSON, MADDISON			4562423300						
	9/12/24	92004	1	Exam - Comp	189.00	53.20	10.00	0.00	0.00	43.20	
		92015	1	Refraction	42.00	13.30	0.00	0.00	0.00	13.30	
Totals					231.00	66.50	10.00	0.00	0.00	56.50	

SIG PLAN XXXXX3924 FELGUEREZ GARCIA, MARIA 4599172400										
12/18/24	92004	1	Exam - Comp	189.00	54.00	0.00	0.00	0.00	54.00	
	92015	1	Refraction	50.00	13.50	0.00	0.00	0.00	13.50	
Totals				239.00	67.50	0.00	0.00	0.00	67.50	

CHOICE	XXXXX0426	GRAY, CHLOE		4710480000							
	11/13/24	92014	1	Exam - Comp	165.00	53.20	10.00	0.00	0.00	43.20	
		92015	1	Refraction	50.00	13.30	0.00	0.00	0.00	13.30	
Totals					215.00	66.50	10.00	0.00	0.00	56.50	

CHOICE	XXXXX0426	GRAY, CHLOE	4710516300							
	11/13/24	V2521	12 Contact Lenses	130.00	130.00	0.00	0.00	0.00	130.00	



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

Totals					130.00	130.00	0.00	0.00	0.00	130.00	
ENHCDAD XXXXX8741 HANES, KENDON 4771981700											
V	11/25/24	V2520		360 Contact Lenses	348.00	348.00	0.00	123.00	0.00	225.00	1C
Totals					348.00	348.00	0.00	123.00	0.00	225.00	
CHOICE GU944287095 HILLYER, MICHAEL 4561778100											
	9/10/24	92014	1	Exam - Comp	165.00	53.20	10.00	0.00	0.00	43.20	
		92015	1	Refraction	42.00	13.30	0.00	0.00	0.00	13.30	
Totals					207.00	66.50	10.00	0.00	0.00	56.50	
CHOICE XXXXX0616 HOLLEMAN, KAYLON 4730239200											
	11/20/24	92004	1	Exam - Comp	189.00	53.20	10.00	0.00	0.00	43.20	
		92015	1	Refraction	50.00	13.30	0.00	0.00	0.00	13.30	
Totals					239.00	66.50	10.00	0.00	0.00	56.50	
CHOICE XXXXX6351 KARDOKUS, SUZANNA 4870034100											
	12/09/24	92004	1	Exam - Comp	189.00	53.20	10.00	0.00	0.00	43.20	
		92015	1	Refraction	50.00	13.30	0.00	0.00	0.00	13.30	
Totals					239.00	66.50	10.00	0.00	0.00	56.50	
SAVPASS XXXXX0642 KING, ANITRA 4562860700 PO											
	9/12/24	92014	1	Exam - Comp	165.00	*	0.00	*	0.00	0.00	PM
		92015	1	Refraction	50.00	*	0.00	*	0.00	0.00	PM
			2	Lens - SV	0.00	*	0.00	*	0.00	0.00	PM
		V2107	2	Lens - SV	130.00	*	0.00	*	0.00	0.00	PM
			1	AD - Polycarbonate	0.00	*	0.00	*	0.00	0.00	PM
		V2784	2	Lens, Polycarbonate Or Equal, Any Ind	0.00	*	0.00	*	0.00	0.00	PM
		V2020	1	Frame/Disp	79.00	*	0.00	*	0.00	0.00	PM
Totals					424.00	0.00	0.00	0.00	0.00	0.00	
CHOICE XXXXX1791 KIRCHNER, COLIN 4494536700 6E											
	11/04/24	92014	1	Exam - Comp	165.00	0.00	0.00	0.00	0.00	0.00	5Q
		92015	1	Refraction	50.00	0.00	0.00	0.00	0.00	0.00	6S
Totals					215.00	0.00	0.00	0.00	0.00	0.00	
CHOICE XXXXX1646 LAMBERT, AMBER 4621243300											
	10/25/24	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	
ENHCDAD XXXXX6067 MARKEL, TREVER 4710576300 IF											
V	12/18/24	92004	1	Exam - Comp	189.00	50.00	0.00	0.00	0.00	50.00	5X
		92015	1	Refraction	50.00	0.00	0.00	0.00	0.00	0.00	
		V2100	2	Lens - SV	130.00	16.00	0.00	0.00	0.00	16.00	



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

	V2750	2		Anti-Reflective Coating Per Lens	49.00	0.00	0.00	0.00	0.00	0.00	7K
	V2784	2		Lens, Polycarbonate Or Equal, Any Ind	50.00	0.00	0.00	0.00	0.00	0.00	7K
		1		Cov - AD - Polycarbonate	0.00	6.00	0.00	0.00	6.00	0.00	
		1		Cov+Cop - QM - Anti-Reflective Coatin	0.00	39.20	0.00	39.20	21.00	-21.00	OP
	V2020	1		Frame/Disp - Dr Supplied \$86	249.00	105.00	0.00	*	0.00	105.00	1C PM 05 OM
				Totals	717.00	216.20	0.00	39.20	27.00	150.00	

CHOICE	XXXXX4563	MASSENGALE, CALEY		2042965100						IF	
	11/27/24	92014	1	Exam - Comp	165.00	53.20	10.00	0.00	0.00	43.20	
		92015	1	Refraction	50.00	13.30	0.00	0.00	0.00	13.30	
		V2103	1	Lens - SV	130.00	7.25	0.00	0.00	0.00	7.25	
		V2750	2	Anti-Reflective Coating Per Lens	49.00	0.00	0.00	0.00	0.00	0.00	7K
		V2784	2	Lens, Polycarbonate Or Equal, Any Ind	50.00	0.00	0.00	0.00	0.00	0.00	7K
			1	Cov - AD - Polycarbonate	0.00	6.00	0.00	0.00	6.00	0.00	
			1	Cov+Cop - QM - Anti-Reflective Coatin	0.00	39.20	0.00	39.20	21.00	-21.00	OP
		V2020	1	Frame/Disp - Dr Supplied \$50	269.00	178.70	0.00	111.20	0.00	67.50	1C 05 OM
				Totals	713.00	297.65	10.00	150.40	27.00	110.25	

CHOICE	XXXXX4563	MASSENGALE, CILEY			2043083500					IF	
	11/27/24	92014	1	Exam - Comp	165.00	53.20	10.00	0.00	0.00	43.20	
		92015	1	Refraction	50.00	13.30	0.00	0.00	0.00	13.30	
		V2103	2	Lens - SV	130.00	14.50	0.00	0.00	0.00	14.50	
		V2750	2	Anti-Reflective Coating Per Lens	49.00	0.00	0.00	0.00	0.00	0.00	7K
		V2784	2	Lens, Polycarbonate Or Equal, Any Ind	50.00	0.00	0.00	0.00	0.00	0.00	7K
			1	Cov - AD - Polycarbonate	0.00	6.00	0.00	0.00	6.00	0.00	
			1	Cov+Cop - QM - Anti-Reflective Coatin	0.00	39.20	0.00	39.20	21.00	-21.00	OP
		V2020	1	Frame/Disp - Dr Supplied \$50	99.00	65.45	0.00	0.00	0.00	65.45	1C
				Totals	543.00	191.65	10.00	39.20	27.00	115.45	

CHOICE	XXXXX4563	MASSENGALE, CLINTON		4836910700						
	11/27/24	92014	1	Exam - Comp	165.00	53.20	10.00	0.00	0.00	43.20
		92015	1	Refraction	50.00	13.30	0.00	0.00	0.00	13.30
				Totals	215.00	66.50	10.00	0.00	0.00	56.50

CHOICE 0003796415 MITCH, JOYCE 3273297100										
12/09/24	V2781	2	Progressive Lens, Per Lens	470.00	18.50	25.00	0.00	0.00	-6.50	OP
	V2203	2	Lens - Bifocal	0.00	24.56	0.00	0.00	24.56	0.00	5X
	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 - JD - Add Cost Prog J in Pol	0.00	35.00	0.00	35.00	15.00	-15.00	OP
		1	Cov+Cop - JA - Progressive J in Plast	0.00	95.00	0.00	95.00	46.00	-46.00	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 \$65	179.00	50.45	0.00	0.00	0.00	50.45	1C
Totals				798.00	291.51	25.00	198.00	126.56	-58.05	



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

CHOICE	XXXXX3817	PICHCUSKIE, MICHAEL	4731533900								IF
	11/22/24	V2103	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+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	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 - Comp	165.00	53.20	10.00	0.00	0.00	43.20	
		92015	1	Refraction	50.00	13.30	0.00	0.00	0.00	13.30	
			Totals		215.00	66.50	10.00	0.00	0.00	56.50	

CHOICE	XXXXX0616	TREVINO, CAROLYN	4712265900								
	11/20/24	92004	1	Exam - Comp	189.00	53.20	10.00	0.00	0.00	43.20	
		92015	1	Refraction	50.00	13.30	0.00	0.00	0.00	13.30	
			Totals		239.00	66.50	10.00	0.00	0.00	56.50	

ENHCDAD	XXXXX2739	WESTER, CODY	2050861700								
V	11/27/24	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	

CHOICE	XXXXX1489	ZAMORA, MARISOL	4870789800								IF
	12/11/24	V2103	2	Lens - SV	130.00	14.50	25.00	0.00	0.00	-10.50	
		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	
		V2020	1	Frame/Disp - Dr Supplied \$96	229.00	90.01	0.00	0.00	0.00	90.01	1C
		S0590	1	Other Service	0.00	4.00	0.00	0.00	4.00	0.00	
			Totals		409.00	114.51	25.00	0.00	10.00	79.51	

Total Provider: 8907.00 3137.67 160.00 670.00 262.56 2045.11

Doctor: STERLING SCHAEFFER OD

CHOICE	NCC37299841	ACKORS, SHANTHA	4753179900								
	11/21/24	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	
			Totals		215.00	66.50	15.00	0.00	0.00	51.50	

CHOICE	NCC37299841	ACKORS, SHANTHA	4790786900								EO
	11/25/24	V2521	24	Contact Lenses	288.00	288.00	0.00	58.00	0.00	230.00	1C E2



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

				Totals	288.00	288.00	0.00	58.00	0.00	230.00	
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CHOICE	XXXXX4526	ARGANBRIGHT, BELINDA		4772941500							
	11/25/24	V2522	48	Contact Lenses	480.00	480.00	0.00	230.00	0.00	250.00	1C
				Totals	480.00	480.00	0.00	230.00	0.00	250.00	

CHOICE	XXXXX4526	ARGANBRIGHT, LUKE		4710054800							
	11/12/24	V2520	24	Contact Lenses	260.00	260.00	0.00	10.00	0.00	250.00	1C
				Totals	260.00	260.00	0.00	10.00	0.00	250.00	

CHOICE	XXXXX4526	ARGANBRIGHT, LUKE		4710100100							
	11/12/24	92014	1	Exam - Comp	165.00	53.20	10.00	0.00	0.00	43.20	
		92015	1	Refraction	50.00	13.30	0.00	0.00	0.00	13.30	
				Totals	215.00	66.50	10.00	0.00	0.00	56.50	

CHOICE	XXXXX5436	BARBOSA, LARISSA		4811734200							IF
	12/23/24	92014	1	Exam - Comp	165.00	53.20	10.00	0.00	0.00	43.20	
		92015	1	Refraction	50.00	13.30	0.00	0.00	0.00	13.30	
		V2105	2	Lens - SV	130.00	14.50	25.00	0.00	0.00	-10.50	
		V2750	2	Anti-Reflective Coating Per Lens	49.00	0.00	0.00	0.00	0.00	0.00	7K
		V2784	2	Lens, Polycarbonate Or Equal, Any Ind	50.00	0.00	0.00	0.00	0.00	0.00	7K
			1	Cov - AD - Polycarbonate	0.00	6.00	0.00	0.00	6.00	0.00	
			1	Cov+Cop - QM - Anti-Reflective Coatin	0.00	39.20	0.00	39.20	21.00	-21.00	OP
		V2020	1	Frame/Disp - Dr Supplied \$96	199.00	82.25	0.00	0.00	0.00	82.25	1C
				Totals	643.00	208.45	35.00	39.20	27.00	107.25	

CHOICE	XXXXX4320	BARNETT, ELIZABETH		4773188300							IF
	11/25/24	92014	1	Exam - Comp	165.00	53.20	10.00	0.00	0.00	43.20	
		92015	1	Refraction	50.00	13.30	0.00	0.00	0.00	13.30	
		V2107	2	Lens - SV	130.00	14.50	25.00	0.00	0.00	-10.50	
		V2750	2	Anti-Reflective Coating Per Lens	49.00	0.00	0.00	0.00	0.00	0.00	7K
		V2784	2	Lens, Polycarbonate Or Equal, Any Ind	50.00	0.00	0.00	0.00	0.00	0.00	7K
			1	Cov+Cop - QM - Anti-Reflective Coatin	0.00	39.20	0.00	39.20	21.00	-21.00	OP
			1	Cov+Cop - AD - Polycarbonate	0.00	35.00	0.00	35.00	14.00	-14.00	OP
		V2020	1	Frame/Disp - Dr Supplied \$57	199.00	113.70	0.00	39.20	0.00	74.50	1C 05 OM
				Totals	643.00	268.90	35.00	113.40	35.00	85.50	

SIG PLAN	0000667979	BEATTY, CALLIE		4709783200							
	11/11/24	92014	1	Exam - Comp	165.00	54.00	20.00	0.00	0.00	34.00	
		92015	1	Refraction	50.00	13.50	0.00	0.00	0.00	13.50	
				Totals	215.00	67.50	20.00	0.00	0.00	47.50	

ENHCAD	XXXXX4472	BREWSTER, ROBERT		4711719300							
V	11/19/24	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



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

				Totals	215.00	50.00	0.00	0.00	0.00	50.00	
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ENHCDAD XXXXX3185	BREWSTER, SHANNON		4711706700								
V	11/19/24	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	

CHOICE XXXXX0788	BROOKS, DARIEL		4617107900								
	12/19/24	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 NCC44533936	BURNETT, PAMELA		4712269000								
	11/20/24	92014	1	Exam - Comp	165.00	53.20	10.00	0.00	0.00	43.20	
		92015	1	Refraction	50.00	13.30	0.00	0.00	0.00	13.30	
				Totals	215.00	66.50	10.00	0.00	0.00	56.50	

CHOICE NCC44533936	BURNETT, PAMELA		4730869100								
	11/21/24	V2103	2	Lens - SV	130.00	14.50	15.00	0.00	0.00	-0.50	
		V2744	2	Tint Photochromatic Per Lens	100.00	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 - AD - Polycarbonate	0.00	35.00	0.00	35.00	14.00	-14.00	OP
			1	Cov+Cop - PR - Photochromic Plastic	0.00	75.00	0.00	75.00	45.00	-45.00	OP
		V2020	1	Frame/Disp - Dr Supplied \$76	229.00	72.45	0.00	0.00	0.00	72.45	1C
				Totals	509.00	196.95	15.00	110.00	59.00	12.95	

CHOICE 0874299179	BUSTILLOS, AYDEE		4709652500								
	11/11/24	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	

CHOICE 15819190W	BUTLER, TOBY		4542795400								
	12/17/24	92014	1	Exam - Comp	165.00	53.20	4.00	0.00	0.00	49.20	
		92015	1	Refraction	50.00	13.30	0.00	0.00	0.00	13.30	
				Totals	215.00	66.50	4.00	0.00	0.00	62.50	

SIG PLAN XXXXX2172	CASTANEDA, GISSELLE		4712408300								
	12/20/24	92014	1	Exam - Comp	165.00	54.00	20.00	0.00	0.00	34.00	
		92015	1	Refraction	50.00	13.50	0.00	0.00	0.00	13.50	
				Totals	215.00	67.50	20.00	0.00	0.00	47.50	

SIG PLAN XXXXX2172	CASTANEDA, GISSELLE		4712409200								
	12/20/24	V2521	180	Contact Lenses	230.00	230.00	0.00	100.00	0.00	130.00	1C



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

				Totals	230.00	230.00	0.00	100.00	0.00	130.00	
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CHOICE	XXXXX7483	CAVAZOS, SAMUEL	4711520600								
	11/15/24	92004	1	Exam - Comp	189.00	53.20	10.00	0.00	0.00	43.20	
		92015	1	Refraction	50.00	13.30	0.00	0.00	0.00	13.30	
			Totals		239.00	66.50	10.00	0.00	0.00	56.50	

CHOICE	XXXXX6210	CHAIRES, BRIANA	4711620700								IF
	11/18/24	92014	1	Exam - Comp	165.00	53.20	10.00	0.00	0.00	43.20	
		92015	1	Refraction	50.00	13.30	0.00	0.00	0.00	13.30	
		V2103	2	Lens - SV	130.00	14.50	10.00	0.00	0.00	4.50	
		V2784	2	Lens, Polycarbonate Or Equal, Any Ind	50.00	0.00	0.00	0.00	0.00	0.00	7K
			1	Cov+Cop - AD - Polycarbonate	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	1	Exam - Comp	165.00	53.20	10.00	0.00	0.00	43.20	
		92015	1	Refraction	50.00	13.30	0.00	0.00	0.00	13.30	
			Totals		215.00	66.50	10.00	0.00	0.00	56.50	

CHOICE	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								
	11/22/24	92004	1	Exam - Comp	189.00	53.20	20.00	0.00	0.00	33.20	
		92015	1	Refraction	50.00	13.30	0.00	0.00	0.00	13.30	
			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	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	XXXXX0218	CURIEL, GILBERT	4711204000								
	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	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	

SIG PLAN	0000891591	DE LA O, CRISTIAN	4747627800								IF
	11/21/24	92004	1	Exam - Comp	189.00	54.00	20.00	0.00	0.00	34.00	
		92015	1	Refraction	50.00	13.50	0.00	0.00	0.00	13.50	



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

	V2103	2	Lens - SV		130.00	32.50	25.00	0.00	0.00	7.50	
	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	7.00	0.00	0.00	7.00	0.00	
	V2020	1	Frame/Disp - Dr Supplied \$77		179.00	92.45	0.00	0.00	0.00	92.45	1C
	S0590	1	Other Service		0.00	10.00	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		4711645700						IF	
	11/18/24	92014	1	Exam - Comp	165.00	53.20	10.00	0.00	0.00	43.20	
		92015	1	Refraction	50.00	13.30	0.00	0.00	0.00	13.30	
		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+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 \$50	219.00	138.70	0.00	71.20	0.00	67.50	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	1	Exam - Comp	165.00	53.20	10.00	0.00	0.00	43.20
		92015	1	Refraction	50.00	13.30	0.00	0.00	0.00	13.30
			Totals		215.00	66.50	10.00	0.00	0.00	56.50

CHOICE	XXXXX2634	DENTON, COLBY		4712280000						IF	
	11/20/24	92014	1	Exam - Comp	165.00	53.20	10.00	0.00	0.00	43.20	
		92015	1	Refraction	50.00	13.30	0.00	0.00	0.00	13.30	
		V2103	2	Lens - SV	130.00	14.50	25.00	0.00	0.00	-10.50	
		V2750	2	Anti-Reflective Coating Per Lens	49.00	0.00	0.00	0.00	0.00	0.00	7K
		V2784	2	Lens, Polycarbonate Or Equal, Any Ind	50.00	0.00	0.00	0.00	0.00	0.00	7K
			1	Cov+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 \$69	139.00	78.78	0.00	0.00	0.00	78.78	1C
			Totals		583.00	233.98	35.00	74.20	35.00	89.78	

CHOICE	XXXXX2634	DENTON, EVANGELINA		4712267300						
	11/20/24	92014	1	Exam - Comp	165.00	53.20	10.00	0.00	0.00	43.20
		92015	1	Refraction	50.00	13.30	0.00	0.00	0.00	13.30
			Totals		215.00	66.50	10.00	0.00	0.00	56.50

ENHCDAD XXXXX0970 DIXON, RANDAL 4711359000											
V	11/15/24	92014	1	Exam - Comp	165.00	50.00	0.00	0.00	0.00	50.00	5X
		92015	1	Refraction	50.00	0.00	0.00	0.00	0.00	0.00	
			Totals		215.00	50.00	0.00	0.00	0.00	50.00	

ENHCDAD	XXXXX0970	DIXON, SHELIA	4711341600							
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Plan	Insured ID	Patient Name	Pt Acct #	Claim Number			Patient Pays Doctor		VSP Lab Allocation	VSP Pays Doctor	
	Service Date	Proc Code/ Modifiers	Unit(s)	Service Description	Billed Amount	Total Compensation	CoPay	Patient Pay Materials	Plan Provided Materials	Provider Payment	Message Code(s)
	11/15/24	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	
CHOICE	XXXXX1034	ESTRADA, JUAN	4730986300								
	11/21/24	92014	1	Exam - Comp	165.00	53.20	20.00	0.00	0.00	33.20	
		92015	1	Refraction	50.00	13.30	0.00	0.00	0.00	13.30	
Totals					215.00	66.50	20.00	0.00	0.00	46.50	
CHOICE	XXXXX1134	FLORES, GENESIS	4830089000								
	11/26/24	92014	1	Exam - Comp	165.00	53.20	10.00	0.00	0.00	43.20	
		92015	1	Refraction	50.00	13.30	0.00	0.00	0.00	13.30	
Totals					215.00	66.50	10.00	0.00	0.00	56.50	
CHOICE	XXXXX0093	FRALEY, JORDAN	4712263400								
	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	
CHOICE	XXXXX0093	FRALEY, MICHELLE	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, TRENTON	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	13.50	
Totals					215.00	67.50	10.00	0.00	0.00	57.50	
SIG PLAN	XXXXX8079	GAMMON, MATTHEW	4706631700								
	11/07/24	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	
ENHCDAD	XXXXX8238	GARCIA, ALONDRA	1923635700								
V	11/25/24	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	
ENHCDAD	XXXXX8238	GARCIA, EVELIA	1923429600								
V	11/25/24	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	
CHOICE	XXXXX3115	GONZALEZ, NOLA	1276567200								
	11/13/24	92004	1	Exam - Comp	189.00	53.20	10.00	0.00	0.00	43.20	
		92015	1	Refraction	50.00	13.30	0.00	0.00	0.00	13.30	



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

Totals				239.00	66.50	10.00	0.00	0.00	56.50	
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CHOICE	XXXXX9062	GUERRERO, ERICA	4740284300							IF
12/20/24	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	
	V2100	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+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	249.00	79.81	0.00	0.00	0.00	79.81	1C
		Totals		693.00	235.01	0.00	74.20	35.00	125.81	

CHOICE	XXXXX9062	GUERRERO, PHOENIX	4739572400							
12/20/24	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	XXXXX5179	HADACHEK, STEPHEN	4706078300							
11/05/24	92004	1	Exam - Comp	189.00	54.00	0.00	0.00	0.00	54.00	
	92015	1	Refraction	50.00	13.50	0.00	0.00	0.00	13.50	
		Totals		239.00	67.50	0.00	0.00	0.00	67.50	

CHOICE	XXXXX3104	HALL, VIRGINIA	4710726900							
11/12/24	V2520	48	Contact Lenses	360.00	360.00	0.00	230.00	0.00	130.00	1C
		Totals		360.00	360.00	0.00	230.00	0.00	130.00	

CHOICE	XXXXX3104	HALL, VIRGINIA	4811197600							
11/12/24	92014	1	Exam - Comp	165.00	53.20	10.00	0.00	0.00	43.20	
	92015	1	Refraction	50.00	13.30	0.00	0.00	0.00	13.30	
		Totals		215.00	66.50	10.00	0.00	0.00	56.50	

CHOICE	XXXXX3104	HALL, WILLIAM	4710265100							
11/12/24	V2520	48	Contact Lenses	360.00	360.00	0.00	230.00	0.00	130.00	1C
		Totals		360.00	360.00	0.00	230.00	0.00	130.00	

CHOICE	XXXXX3104	HALL, WILLIAM	4710271300							
11/12/24	92014	1	Exam - Comp	165.00	53.20	10.00	0.00	0.00	43.20	
	92015	1	Refraction	50.00	13.30	0.00	0.00	0.00	13.30	
		Totals		215.00	66.50	10.00	0.00	0.00	56.50	

CHOICE	XXXXX1887	HARRIS, WILLIAM	4542674700							
12/17/24	92014	1	Exam - Comp	165.00	53.20	10.00	0.00	0.00	43.20	
	92015	1	Refraction	50.00	13.30	0.00	0.00	0.00	13.30	
		Totals		215.00	66.50	10.00	0.00	0.00	56.50	



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

ENHCDAD XXXXX2301		HART, 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	

ENHCDAD XXXXX6423		HERNANDEZ, APRIL		4829630800							
V	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	

ENHCDAD XXXXX6423		HERNANDEZ, ISABELLA		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 Per Lens	99.00	0.00	0.00	0.00	0.00	0.00	7K
		V2784	2	Lens, Polycarbonate Or Equal, Any Ind	50.00	0.00	0.00	0.00	0.00	0.00	7K
			1	Cov - AD - Polycarbonate	0.00	6.00	0.00	0.00	6.00	0.00	
			1	Cov+Cop - QT - Anti-Reflective Coatin	0.00	68.00	0.00	68.00	41.00	-41.00	OP
		V2020	1	Frame/Disp - Dr Supplied \$57	249.00	76.00	0.00	*	0.00	76.00	1C PM 05 OM
Totals					528.00	166.00	0.00	68.00	47.00	51.00	

ENHCDAD XXXXX6423		HERNANDEZ, ISABELLA		4833006400							
V	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	

ENHCDAD XXXXX0738		HERRERA, ISRAEL		4791479700							
V	11/25/24	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	

CHOICE XXXXX5436		HERRERA, REGINA		4813945500		IF					
	12/23/24	92014	1	Exam - Comp	165.00	53.20	10.00	0.00	0.00	43.20	
		92015	1	Refraction	50.00	13.30	0.00	0.00	0.00	13.30	
		V2103	2	Lens - SV	130.00	14.50	25.00	0.00	0.00	-10.50	
		V2750	2	Anti-Reflective Coating Per Lens	49.00	0.00	0.00	0.00	0.00	0.00	7K
		V2784	2	Lens, Polycarbonate Or Equal, Any Ind	50.00	0.00	0.00	0.00	0.00	0.00	7K
			1	Cov+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 \$96	199.00	82.45	0.00	0.00	0.00	82.45	1C
Totals					643.00	237.65	35.00	74.20	35.00	93.45	



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

CHOICE	00000008683	HESTER, ELIZABETH	2189779400								
	12/03/24	92014	1	Exam - Comp	165.00	53.20	10.00	0.00	0.00	43.20	
		92015	1	Refraction	50.00	13.30	0.00	0.00	0.00	13.30	
				Totals	215.00	66.50	10.00	0.00	0.00	56.50	

CHOICE	XXXXX5436	JOHNS, KAMILLA	4813800800								IF
	12/23/24	92014	1	Exam - Comp	165.00	53.20	10.00	0.00	0.00	43.20	
		92015	1	Refraction	50.00	13.30	0.00	0.00	0.00	13.30	
		V2103	2	Lens - SV	130.00	14.50	25.00	0.00	0.00	-10.50	
		V2750	2	Anti-Reflective Coating Per Lens	49.00	0.00	0.00	0.00	0.00	0.00	7K
		V2784	2	Lens, Polycarbonate Or Equal, Any Ind	50.00	0.00	0.00	0.00	0.00	0.00	7K
			1	Cov - AD - Polycarbonate	0.00	6.00	0.00	0.00	6.00	0.00	
			1	Cov+Cop - QM - Anti-Reflective Coatin	0.00	39.20	0.00	39.20	21.00	-21.00	OP
		V2020	1	Frame/Disp - Dr Supplied \$96	199.00	82.25	0.00	0.00	0.00	82.25	1C
				Totals	643.00	208.45	35.00	39.20	27.00	107.25	

CHOICE	XXXXX6634	JUAREZ, JOEL	4832491100								
	11/27/24	92014	1	Exam - Comp	165.00	53.20	20.00	0.00	0.00	33.20	
		92015	1	Refraction	50.00	13.30	0.00	0.00	0.00	13.30	
				Totals	215.00	66.50	20.00	0.00	0.00	46.50	

CHOICE	XXXXX4842	KAMPITAN, VINCENT	4728354700								6E
	10/31/24	V2521		180 Contact Lenses	270.00	0.00	0.00	0.00	0.00	0.00	1C
				Totals	270.00	0.00	0.00	0.00	0.00	0.00	

CHOICE	XXXXX0308	KENNEDY, DARBY	4772215900								
	11/25/24	V2520		180 Contact Lenses	202.00	202.00	0.00	72.00	0.00	130.00	1C
				Totals	202.00	202.00	0.00	72.00	0.00	130.00	

CHOICE	XXXXX2197	LEMLEY, JOE	4868624000								
	12/02/24	92004	1	Exam - Comp	189.00	53.20	0.00	0.00	0.00	53.20	
		92015	1	Refraction	50.00	13.30	0.00	0.00	0.00	13.30	
				Totals	239.00	66.50	0.00	0.00	0.00	66.50	

CHOICE	XXXXX8020	LOPEZ, FRANCISCO	4869706600								IF
	12/06/24	92004	1	Exam - Comp	189.00	53.20	10.00	0.00	0.00	43.20	
		92015	1	Refraction	50.00	13.30	0.00	0.00	0.00	13.30	
		V2100	1	Lens - SV	65.00	7.25	0.00	0.00	0.00	7.25	
		V2103	1	Lens - SV	65.00	7.25	20.00	0.00	0.00	-12.75	
		V2744	2	Tint Photochromatic Per Lens	100.00	0.00	0.00	0.00	0.00	0.00	7K
		V2750	2	Anti-Reflective Coating Per Lens	99.00	0.00	0.00	0.00	0.00	0.00	7K
		V2784	2	Lens, Polycarbonate Or Equal, Any Ind	50.00	0.00	0.00	0.00	0.00	0.00	7K
			1	Cov - AD - Polycarbonate	0.00	35.00	0.00	0.00	14.00	21.00	
			1	Cov - PR - Photochromic Plastic	0.00	75.00	0.00	0.00	45.00	30.00	



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



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

CHOICE	XXXXX9137	MCMURTREY, TRISHA	1994380100								
	11/21/24	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	
		V2781	2	Progressive Lens, Per Lens	470.00	18.50	35.00	0.00	0.00	-16.50	OP
		V2201	1	Lens - Bifocal	0.00	0.00	0.00	0.00	0.00	0.00	5X
		V2207	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 - JD - Add Cost Prog J in Pol	0.00	35.00	0.00	35.00	15.00	-15.00	OP
			1	Cov+Cop - JA - Progressive J in Plast	0.00	95.00	0.00	95.00	46.00	-46.00	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 \$76	279.00	156.70	0.00	63.20	0.00	93.50	1C 05 OM
			Totals		1113.00	464.26	35.00	261.20	126.56	41.50	

SIG PLAN	XXXXX1820	MEASON, SETH	4811579200								
	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	

CHOICE	GULDA59416	MELENDEZ IBARRA, NANCY	4709609600								
	11/08/24	92014	1	Exam - Comp	165.00	53.20	10.00	0.00	0.00	43.20	
		92015	1	Refraction	50.00	13.30	0.00	0.00	0.00	13.30	
			Totals		215.00	66.50	10.00	0.00	0.00	56.50	

ENHCDAD	XXXXX2371	METTHAM, ANDREW	4542709500								
V	12/17/24	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	

CHOICE	XXXXX3445	MEYERS, ALEA	4707140800								
	11/07/24	92014	1	Exam - Comp	165.00	53.20	10.00	0.00	0.00	43.20	
		92015	1	Refraction	50.00	13.30	0.00	0.00	0.00	13.30	
			Totals		215.00	66.50	10.00	0.00	0.00	56.50	

CHOICE	XXXXX3445	MEYERS, ALEA	4708646100								IF
	11/07/24	V2103	2	Lens - SV	130.00	14.50	20.00	0.00	0.00	-5.50	
		V2750	2	Anti-Reflective Coating Per Lens	49.00	0.00	0.00	0.00	0.00	0.00	7K
		V2784	2	Lens, Polycarbonate Or Equal, Any Ind	50.00	0.00	0.00	0.00	0.00	0.00	7K
			1	Cov - AD - Polycarbonate	0.00	6.00	0.00	0.00	6.00	0.00	
			1	Cov+Cop - QM - Anti-Reflective Coatin	0.00	39.20	0.00	39.20	21.00	-21.00	OP
		V2020	1	Frame/Disp - Dr Supplied \$96	219.00	100.42	0.00	0.00	0.00	100.42	1C
			Totals		448.00	160.12	20.00	39.20	27.00	73.92	



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

CHOICE	XXXXX3624	MONTERROSAS GARCIA, YULIANA		4739589900							
	12/20/24	92004	1	Exam - Comp	189.00	53.20	20.00	0.00	0.00	33.20	
		92015	1	Refraction	50.00	13.30	0.00	0.00	0.00	13.30	
				Totals	239.00	66.50	20.00	0.00	0.00	46.50	

CHOICE	NCC42896944	NORWOOD, ASHLEY		4710394500							
	11/12/24	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	
				Totals	215.00	66.50	15.00	0.00	0.00	51.50	

CHOICE	XXXXX1134	ONTIVEROS, DAVID		4830092600							
	11/26/24	92014	1	Exam - Comp	165.00	53.20	10.00	0.00	0.00	43.20	
		92015	1	Refraction	50.00	13.30	0.00	0.00	0.00	13.30	
				Totals	215.00	66.50	10.00	0.00	0.00	56.50	

CHOICE	XXXXX1134	ONTIVEROS, KARMELLA		4830094100							
	11/26/24	92014	1	Exam - Comp	165.00	53.20	10.00	0.00	0.00	43.20	
		92015	1	Refraction	50.00	13.30	0.00	0.00	0.00	13.30	
				Totals	215.00	66.50	10.00	0.00	0.00	56.50	

CHOICE	NCC48536557	ORONA, RODRIGO		1148135200							
	11/08/24	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	
				Totals	215.00	66.50	15.00	0.00	0.00	51.50	

CHOICE	XXXXX9272	PACHECO, ERIKA		4503257600							
	10/28/24	V2522		180 Contact Lenses	350.00	350.00	0.00	100.00	0.00	250.00	1C
				Totals	350.00	350.00	0.00	100.00	0.00	250.00	

CHOICE	XXXXX8070	PENA, ADRIE		4888917100							
	12/26/24	92014	1	Exam - Comp	165.00	53.20	10.00	0.00	0.00	43.20	
		92015	1	Refraction	50.00	13.30	0.00	0.00	0.00	13.30	
				Totals	215.00	66.50	10.00	0.00	0.00	56.50	

CHOICE	XXXXX8070	PENA, ROBIN		4888958300							
	12/26/24	92014	1	Exam - Comp	165.00	53.20	10.00	0.00	0.00	43.20	
		92015	1	Refraction	50.00	13.30	0.00	0.00	0.00	13.30	
				Totals	215.00	66.50	10.00	0.00	0.00	56.50	

CHOICE	XXXXX7312	PENSE, KAYLEE		4542742300							
	12/17/24	92014	1	Exam - Comp	165.00	53.20	10.00	0.00	0.00	43.20	
		92015	1	Refraction	50.00	13.30	0.00	0.00	0.00	13.30	



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

Totals					215.00	66.50	10.00	0.00	0.00	56.50	
ENHCDAD XXXXX0653 PEREZ, CIENNA 4889074700											
V	12/26/24	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	
ENHCDAD XXXXX0653 PEREZ, CIENNA 4889156300											
V	12/26/24	V2520		360 Contact Lenses	352.00	352.00	0.00	222.00	0.00	130.00	1C
Totals					352.00	352.00	0.00	222.00	0.00	130.00	
CHOICE XXXXX4901 PEREZ, JENNIFER 4825222100											
	11/26/24	V2520		12 Contact Lenses	170.00	170.00	0.00	40.00	0.00	130.00	1C
Totals					170.00	170.00	0.00	40.00	0.00	130.00	
ENHCDAD XXXXX2821 POWELL, ANDREW 4825401600											
V	11/26/24	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	
CHOICE NCC44724730PRATHER, AUBRY 4707013800											
	11/07/24	V2520		24 Contact Lenses	180.00	180.00	0.00	30.00	0.00	150.00	1C
Totals					180.00	180.00	0.00	30.00	0.00	150.00	
CHOICE NCC44724730PRATHER, AUBRY 4708432300											
	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	
Totals					215.00	66.50	15.00	0.00	0.00	51.50	
CHOICE NCC44724730PRATHER, JERED 4711473400											
	11/18/24	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	
Totals					215.00	66.50	15.00	0.00	0.00	51.50	
CHOICE 0001012870 PRESTON, KENLEY 4712269800											
	11/21/24	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 0000943539 QUDRATULLAH, TAMANA 4712262500											



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

	11/19/24	92014	1	Exam - Comp	165.00	54.00	20.00	0.00	0.00	34.00	
		92015	1	Refraction	50.00	13.50	0.00	0.00	0.00	13.50	
				Totals	215.00	67.50	20.00	0.00	0.00	47.50	

ENHCDAD XXXXX0738	QUINTANA-MENDEZ, STEPHANIE	4791240700									
V	11/25/24	V2521		180 Contact Lenses	230.00	230.00	0.00	55.00	0.00	175.00	1C
				Totals	230.00	230.00	0.00	55.00	0.00	175.00	

ENHCDAD XXXXX0245	RAMOS, ALISSA	4710886500									
V	12/19/24	V2520		180 Contact Lenses	174.00	174.00	0.00	0.00	0.00	174.00	
				Totals	174.00	174.00	0.00	0.00	0.00	174.00	

ENHCDAD XXXXX0245	RAMOS, ALISSA	4712400300									
V	12/19/24	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	

ENHCDAD XXXXX0245	RAMOS, DENA	4710804300									
V	12/19/24	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	

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	
				Totals	174.00	174.00	0.00	0.00	0.00	174.00	

CHOICE XXXXX2634	RIGSBY, CHARLOTTE	4730358000									
	11/20/24	92014	1	Exam - Comp	165.00	53.20	10.00	0.00	0.00	43.20	
		92015	1	Refraction	50.00	13.30	0.00	0.00	0.00	13.30	
				Totals	215.00	66.50	10.00	0.00	0.00	56.50	

CHOICE 0108676113	RODGERS, BROOKE	4748158200									
	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, XAVIER	4711325000									
V	11/15/24	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	

ENHCDAD XXXXX2957	RODRIGUEZ, XAVIER	4711887800									IF
V	11/15/24	V2103	2	Lens - SV	130.00	16.00	0.00	0.00	0.00	16.00	
		V2750	2	Anti-Reflective Coating Per Lens	49.00	0.00	0.00	0.00	0.00	0.00	7K
		V2784	2	Lens, Polycarbonate Or Equal, Any Ind	50.00	0.00	0.00	0.00	0.00	0.00	7K



Plan	Insured ID	Patient Name	Pt Acct #	Claim Number			Patient Pays Doctor		VSP Lab Allocation	VSP Pays Doctor		
	Service Date	Proc Code/ Modifiers	Unit(s)	Service Description	Billed Amount	Total Compensation	CoPay	Patient Pay Materials	Plan Provided Materials	Provider Payment	Message Code(s)	
				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	
				Totals	229.00	90.20	0.00	74.20	35.00	-19.00		
CHOICE	XXXXX2393	RUBIO, JANETH	4710955800									
	11/14/24	92014	1	Exam - Comp	165.00	53.20	10.00	0.00	0.00	43.20		
		92015	1	Refraction	50.00	13.30	0.00	0.00	0.00	13.30		
				Totals	215.00	66.50	10.00	0.00	0.00	56.50		
CHOICE	XXXXX2393	RUBIO, JANETH	4710988000									
	11/14/24	V2520	12	Contact Lenses	234.00	234.00	0.00	59.00	0.00	175.00	1C	
				Totals	234.00	234.00	0.00	59.00	0.00	175.00		
SIG PLAN	XXXXX4226	RUIZ-MITCHELL, MAICYN	4711587000									IF
	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		
		V2103	2	Lens - SV	130.00	32.50	25.00	0.00	0.00	7.50		
		V2750	2	Anti-Reflective Coating Per Lens	49.00	0.00	0.00	0.00	0.00	0.00	7K	
		V2784	2	Lens, Polycarbonate Or Equal, Any Ind	50.00	0.00	0.00	0.00	0.00	0.00	7K	
			1	Cov - AD - Polycarbonate	0.00	7.00	0.00	0.00	7.00	0.00		
			1	Cov+Cop - QM - Anti-Reflective Coatin	0.00	37.00	0.00	37.00	21.00	-21.00	OP	
		V2020	1	Frame/Disp - Dr Supplied \$50	99.00	87.50	0.00	0.00	0.00	87.50	1C 05 OM	
				Totals	543.00	231.50	35.00	37.00	28.00	131.50		
SIG PLAN	XXXXX5205	SAENZ, AARON	4710618400									
	12/19/24	92004	1	Exam - Comp	189.00	54.00	20.00	0.00	0.00	34.00		
		92015	1	Refraction	50.00	13.50	0.00	0.00	0.00	13.50		
				Totals	239.00	67.50	20.00	0.00	0.00	47.50		
ENHCDAD	XXXXX5819	SUENKEL, ERIK	4711296600									
V	11/15/24	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		
CHOICE	NCC44724730	VARGAS, 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	7K	
			1	Cov - AD - Polycarbonate	0.00	6.00	0.00	0.00	6.00	0.00		
			1	Cov+Cop - QM - Anti-Reflective Coatin	0.00	39.20	0.00	39.20	21.00	-21.00	OP	
		V2020	1	Frame/Disp - Dr Supplied \$57	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		



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

CHOICE	NCC44724730	VARGAS, 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	
			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, QUENTON		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, ROBERT 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, ROBERT		4753176000						IF
11/21/24	V2103	2	Lens - SV	130.00	32.50	10.00	0.00	0.00	22.50	
	V2744	2	Tint Photochromatic Per Lens	100.00	0.00	0.00	0.00	0.00	0.00	7K
	V2750	2	Anti-Reflective Coating Per Lens	99.00	0.00	0.00	0.00	0.00	0.00	7K
	V2784	2	Lens, Polycarbonate Or Equal, Any Ind	50.00	0.00	0.00	0.00	0.00	0.00	7K
		1	Cov+Cop - AD - Polycarbonate	0.00	33.00	0.00	33.00	19.00	-19.00	OP
		1	Cov+Cop - PR - Photochromic Plastic	0.00	70.00	0.00	70.00	47.00	-47.00	OP
		1	Cov+Cop - QT - Anti-Reflective Coatin	0.00	61.00	0.00	61.00	41.00	-41.00	OP
	V2020	1	Frame/Disp - Dr Supplied \$67	265.00	176.50	0.00	72.00	0.00	104.50	1C 05 OM
			Totals	644.00	373.00	10.00	236.00	107.00	20.00	

CHOICE	XXXXX6856	WHEELER, CIDNEY		4710879700						
	11/14/24	92014	1	Exam - Comp	165.00	53.20	10.00	0.00	0.00	43.20
		92015	1	Refraction	50.00	13.30	0.00	0.00	0.00	13.30
				Totals	215.00	66.50	10.00	0.00	0.00	56.50

CHOICE	XXXXX6856	WHEELER, CIDNEY	4711533000							IF	
	11/14/24	V2103	1	Lens - SV	65.00	7.25	0.00	0.00	0.00	7.25	
		V2104	1	Lens - SV	65.00	7.25	25.00	0.00	0.00	-17.75	
		V2784	2	Lens, Polycarbonate Or Equal, Any Ind	50.00	0.00	0.00	0.00	0.00	0.00	7K
			1	Cov+Cop - AD - Polycarbonate	0.00	35.00	0.00	35.00	14.00	-14.00	OP
		V2020	1	Frame/Disp - Dr Supplied \$57	259.00	161.70	0.00	87.20	0.00	74.50	1C 05 OM



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

Totals					439.00	211.20	25.00	122.20	14.00	50.00	
CHOICE	XXXXX3841	YOUNGBLOOD, COREY	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
		V2103	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
		V2784	2	Lens, Polycarbonate Or Equal, Any Ind	50.00		0.00	0.00	0.00	0.00	0.00
			1	Cov+Cop - AD - Polycarbonate	0.00		35.00	14.00	-14.00		7K
			1	Cov+Cop - QM - Anti-Reflective Coatin	0.00		39.20	21.00	-21.00		7K
		V2020	1	Frame/Disp - Dr Supplied \$85	259.00		102.32	0.00	0.00	0.00	OP
				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 Number		VSP Pays Doctor	
		Service Description				IOF Provider Payment	Message Code(s)
ENHCDAD	XXXXX9794	CHACON, OMAR	4826242500				IF
V		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	XXXXX0460	CHAGOYA, YANESSA	4811804600				IF
V							



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

In-Office Finishing (IOF)

Plan	Insured ID	Patient Name	Pt Acct #	Claim Number			VSP Pays Doctor	
Service Description							IOF Provider Payment	Message 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			27.00	IF
		In-Office Finishing Service						
CHOICE	XXXXX4563	MASSENGALE, CILEY		2043083500			27.00	IF
		In-Office Finishing Service						
CHOICE	XXXXX3817	PICHCUSKIE, MICHAEL		4731533900			35.00	IF
		In-Office Finishing Service						
CHOICE	XXXXX1489	ZAMORA, MARISOL		4870789800			10.00	IF
		In-Office Finishing Service						
CHOICE	XXXXX5436	BARBOSA, LARISSA		4811734200			27.00	IF
		In-Office Finishing Service						
CHOICE	XXXXX4320	BARNETT, ELIZABETH		4773188300			35.00	IF
		In-Office Finishing Service						
CHOICE	NCC44533936	BURNETT, PAMELA		4730869100			59.00	IF
		In-Office Finishing Service						
CHOICE	XXXXX6210	CHAIRES, BRIANA		4711620700			14.00	IF
		In-Office Finishing Service						
SIG PLAN	0000891591	DE LA O, CRISTIAN		4747627800			17.00	IF
		In-Office Finishing Service						
CHOICE	XXXXX3765	DEARDORFF, RON		4711645700			35.00	IF
		In-Office Finishing Service						
CHOICE	XXXXX2634	DENTON, COLBY		4712280000			35.00	IF
		In-Office Finishing Service						
CHOICE	XXXXX9062	GUERRERO, ERICA		4740284300			35.00	IF
		In-Office Finishing Service						
ENHCDAD	XXXXX6423	HERNANDEZ, ISABELLA		4829635400				IF
V		In-Office Finishing Service					47.00	



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

In-Office Finishing (IOF)

Plan	Insured ID	Patient Name	Pt Acct #	Claim Number		VSP Pays Doctor	
					Service Description	IOF Provider Payment	Message Code(s)
CHOICE	XXXXX5436	HERRERA, REGINA		4813945500	In-Office Finishing Service	35.00	IF
CHOICE	XXXXX5436	JOHNS, KAMILLA		4813800800	In-Office Finishing Service	27.00	IF
CHOICE	XXXXX8020	LOPEZ, FRANCISCO		4869706600	In-Office Finishing Service	100.00	IF
CHOICE	XXXXX4934	LOZA, JAYVIAN		1053078000	In-Office Finishing Service	27.00	IF
CHOICE	XXXXX3445	MEYERS, ALEA		4708646100	In-Office Finishing Service	27.00	IF
ENHCDAD V	XXXXX2957	RODRIGUEZ, XAVIER		4711887800	In-Office Finishing Service	35.00	IF
SIG PLAN	XXXXX4226	RUIZ-MITCHELL, MAICYN		4711587000	In-Office Finishing Service	28.00	IF
CHOICE	NCC44724730	VARGAS, EVE		4816702100	In-Office Finishing Service	27.00	IF
CHOICE	NCC44724730	VARGAS, REECE		4833934100	In-Office Finishing Service	27.00	IF
SIG PLAN	XXXXX2758	WASHINGTON, ROBERT		4753176000	In-Office Finishing Service	107.00	IF
CHOICE	XXXXX6856	WHEELER, CIDNEY		4711533000	In-Office Finishing Service	14.00	IF
CHOICE	XXXXX3841	YOUNGBLOOD, COREY		4710914300	In-Office Finishing Service	35.00	IF

Totals**1085.00**

Check#: 97976345

Total VSP Check

16,409.74



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

	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
^IOF 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.



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

Message Codes:**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.