

# Billing Statement

**U.S. OPTICAL LLC**  
**PMTS:833-838-1072 FAX:888-818-2840**  
**6848 ELLICOTT DRIVE**  
**EAST SYRACUSE, NY 13057**  
**800-445-2773**

Account: 212545  
 ONEILS VISION  
 3349 MONROE AVE  
 STE 20  
 ROCHESTER , NY 14618-5513

DATE	INVOICE #	PATIENT	DEBIT	CREDIT	BALANCE
10/16/2023	1986949	STETZER RENEE	146.78N		146.78
10/17/2023	1994835	LEHIGH DORCAS	253.45N		400.23
10/23/2023	1996291	KUPER MICHAEL	289.45N		689.68
10/23/2023	1997479	ZELBACHER LOUISE	57.68N		747.36
10/23/2023	1999443	KAUFMAN CHRISTOPHER	169.75N		917.11
10/31/2023	2006482	BONK LAWRENCE	129.25N		1046.36
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		OPENING BALANCE			0.00
		PURCHASES			1046.36
		PAYMENTS			0.00
		CREDITS ON TRANSACTIONS			0.00
<b>10/31/2023</b>		<b>TOTAL BALANCE DUE</b>			<b>1046.36</b>
CURRENT AMOUNT	30 DAYS PAST DUE	60 DAYS PAST DUE	90 DAYS PAST DUE	120 DAYS PAST DUE	
1046.36	0.00	0.00	0.00	0.00	

Customer may be required-pursuant to applicable federal or state laws (such as the discounts exception and safe harbor to federal health care program anti-kickback statute) or Customer's contractual arrangements with third party payers-to fully and accurately report and disclose the net purchase price (meaning the price after application of all discounts, rebates and other price reductions) of all products it purchases from Essilor Laboratories and its affiliated entities and to provide such further information regarding such products and services (and their net purchase prices) as may be requested by the relevant government authority, health care plan or program, or third party payer. Customer may wish to consult its legal advisers regarding how and when to report and disclose its net purchase prices, including whether and how price reductions should be allocated among multiple products and services. If you have any questions regarding this requirement, please forward them to Eoalegal@essilorusa.com.

Detach Here and Return Stub With Your Payment - Thank You

**AMOUNT DUE : 1046.36**

Billing Date : 10/31/2023

**Account: 212545**  
 ONEILS VISION

Statement Number: 17042

**AMOUNT ENCLOSED : \_\_\_\_\_**

Remit to:

Payment Processing Center  
 PO BOX 816187  
 DALLAS, TX 75381-6187  
 833-838-1072 Opt#2