

# 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: 23  
 SEE VIEW OPTICAL  
 311 KINGSTON AVE  
 FL 1  
 BROOKLYN , NY 11213-4327

DATE	INVOICE #	PATIENT	DEBIT	CREDIT	BALANCE
					364.50
<hr style="border-top: 1px dashed black;"/>					
		OPENING BALANCE			364.50
		PURCHASES			0.00
		PAYMENTS			0.00
		CREDITS ON TRANSACTIONS			0.00
<b>10/31/2023</b>		<b>TOTAL BALANCE DUE</b>			<b>364.50</b>
CURRENT AMOUNT	30 DAYS PAST DUE	60 DAYS PAST DUE	90 DAYS PAST DUE	120 DAYS PAST DUE	
0.00	364.50	0.00	0.00	0.00	
<p>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.</p>					

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 Detach Here and Return Stub With Your Payment - Thank You  
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**AMOUNT DUE : 364.50**

Billing Date : 10/31/2023

**Account: 23**  
 SEE VIEW OPTICAL

Statement Number: 19437

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

Remit to:

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