

# Billing Statement

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

Account: 591662  
 VISION ONE ACWORTH  
 1727 MARS HILL RD NW  
 STE 415  
 ACWORTH , GA 30101-8075

DATE	INVOICE #	PATIENT	DEBIT	CREDIT	BALANCE
09/18/2023	443809	GREEN, SAMUEL	0.00N		0.00
09/21/2023	558845	WILLIAMSON, BRIAN	0.00N		0.00
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		OPENING BALANCE			0.00
		PURCHASES			0.00
		PAYMENTS			0.00
		CREDITS ON TRANSACTIONS			0.00
<b>09/30/2023</b>		<b>TOTAL BALANCE DUE</b>			<b>0.00</b>
CURRENT AMOUNT	30 DAYS PAST DUE	60 DAYS PAST DUE	90 DAYS PAST DUE	120 DAYS PAST DUE	
0.00	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 : 0.00**

Billing Date : 09/30/2023

**Account: 591662**  
 VISION ONE ACWORTH  
 Statement Number: 16400

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

Remit to:

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