

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

Table with columns: DATE, INVOICE #, PATIENT, DEBIT, CREDIT, BALANCE. Includes transaction details for 12/12/2023 and 12/31/2023, and a summary of current and past due amounts.

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 : 95.05

Billing Date : 12/31/2023

Account: 591662
VISION ONE ACWORTH
Statement Number: 33325

AMOUNT ENCLOSED : _____

Remit to:

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