

Clear View Eye Care

Invoice

3600 Gaylord Pkwy, Suite 90 · Frisco, TX 75034
(214) 555-0164 · Tax ID 47-0000007 · NPI 1000000072
Provider: Hannah Liu, OD

Statement date: **09/06/2026**

Account #: **V-14022**

Statement #: **ST-2026-11255**

PATIENT

Jordan A. Sample
22 Elmwood Lane
Frisco, TX 75034
Date of birth: 03/14/1988

RESPONSIBLE PARTY

Jordan A. Sample
Relationship: Self
Plan: Vision (self-pay)
Member ID: SAMPLE-14022

DATE OF SERVICE	CODE	DESCRIPTION OF SERVICE	CHARGE
09/05/2026	92004	Comprehensive eye exam — new patient	\$135.00
09/05/2026	92310	Contact lens fitting & evaluation	\$95.00
09/05/2026	V2500	Contact lenses — annual supply	\$210.00

Total charges	\$440.00
Vision plan paid	-\$150.00
Contractual adjustment	-\$40.00
Patient responsibility	\$250.00
Patient payment received	-\$250.00
Account balance	\$0.00

PAYMENT RECEIVED

Date: 09/05/2026 Method: Visa ending 0213 Amount: \$250.00 Status: Paid in full

Itemized statement of vision services and materials actually provided — date of service, procedure/material codes and descriptions, provider, patient, and amount paid out of pocket. Retain for HSA/FSA reimbursement.