Vista Eye Associates

740 E Campbell Road, Suite 8 · Richardson, TX 75081
(469) 555-0127 · Tax ID 47-0000009 · NPI 1000000096 · Provider: Samuel Berg, OD

STATEMENT OF SERVICES

Statement date: **08/16/2026**
Account #: **V-29334**
Statement #: **ST-2026-10620**

PATIENT
Taylor M. Sample
88 Redbud Court
Allen, TX 75013
Date of birth: 06/22/1965

RESPONSIBLE PARTY
Taylor M. Sample
Relationship: Self
Plan: Vision (self-pay)
Member ID: SAMPLE-29334

DATE OF SERVICE	CODE	DESCRIPTION OF SERVICE	CHARGE
08/15/2026	92014	Comprehensive eye exam — established patient	$120.00
08/15/2026	92250	Fundus photography (retinal imaging)	$60.00
08/15/2026	92083	Visual field examination	$70.00

Total charges	$250.00
Vision plan paid	-$120.00
Contractual adjustment	-$40.00
Patient responsibility	**$90.00**
Patient payment received	-$90.00
Account balance	**$0.00**

PAYMENT RECEIVED
Date: 08/15/2026 Method: Visa ending 4419 Amount: $90.00 Status: Paid in full

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

SAMPLE — synthetic exemplar for the CDHP Document Knowledge Library. Fictitious data; not a real record.