Materials for Item No. 4

STATE OF NEVADA

JOE LOMBARDO
Governor

DR. KRISTOPHER SANCHEZ
Director

PERRY FAIGIN
NIKKI HAAG
MARCEL F. SCHAERER
Deputy Directors

ADAM SCHNEIDER
Executive Director

DEPARTMENT OF BUSINESS AND INDUSTRY
OFFICE OF NEVADA BOARDS, COMMISSIONS AND COUNCILS STANDARDS
NEVADA STATE BOARD OF OPTOMETRY

MINUTES
OF PUBLIC MEETING
May 28, 2026

1. Call to Order and statement of purpose to protect public health and safety, and the general welfare of the people of this State. Live meeting opened at 12:01p.m. and the following was read into the record for NRS 241.020(3)(d)(8) compliance- "Because this meeting is being held using a remote technology system pursuant to NRS 241.023 and does not have a physical location designated for the meeting where members of the general public are permitted to attend and participate, clear and complete instructions for a member of the general public to be able to call in to the meeting to provide public comment is the following- telephone number 669-900-6833, meeting ID 775 883 8367, Passcode 8367."

2. Roll Call. Executive Director Schneider present via Zoom. Board members Mariah Smith, O.D., Jeffrey Austin, O.D., Julie Alamo-Leon, O.D., Sally Balecha, and Dan Lyons, O.D. present via Zoom. Quorum established.

3. Public Comment. Public comment was invited with a reminder that no action will be taken at this meeting on any issues presented as public comment and the maximum time is three minutes. No public comment received.

4. Action Item. Consideration and approval of April 23, 2026 Regular Board Meeting Minutes. Director Schneider confirmed all present Board members had an opportunity to review the draft and if any changes were needed. Dr. Smith moved to accept the proposed Minutes as-is. Dr. Lyons seconded. Motion passed unanimously.

5. Action Item. Complaint 26-13 Director Schneider stated this Complaint is being presented in a double-blind manner, i.e., the Board is not being told who the complainant is or who the subject licensee is, and the materials associated with this agenda item are redacted to eliminate any identification of party identities.

Dr. Austin stated he recognized the charting, and in the abundance of caution he believed this could materially impact his independence of judgment and therefore recused, and abstained from any discussion and voting on this item.

The issue before the Board was Licensee 1's conduct unprofessional when Licensee 1 failed to recognize a BCL (aka bandage contact lens) during Licensee 1's outpatient examination post-op day 1? After being seen by an ophthalmologist several times over several months, Licensee 1 discovers the BCL but by then the eye is infected resulting in allegedly avoidable medical care, corneal ulcer,

vision loss, pain and suffering, etc.

Licensee 1 retained counsel and provided a 30+ page narrative. There is a statement that the allegations are vague and requires clarification. But in light of the specific allegations stated in the inquiry letter, this appears to be a stock template of Licensee 1's lawyer so as not to waive the argument if an appeal to the district court has to occur.

Director Schneider provided a chronology as follows:

June 2024- OMD 1 performs right eye cataract phacoemulsification with IOL. "BCL" handwritten on the operative report. BCL is documented in multiple places in surgery center's records.

Post-op day 1 Licensee 1 treats patient outpatient at a Practice Entity 1 location. Patient stated a foreign body sensation in the left eye, but no mention of the same complaint in the right eye. Patient was on antibiotics and a steroid. Seemingly standard post-op eval. No mention of any BCL.

From June through October 2024, OMD 2 treats the patient. No mention of BCL or looking for one.

Then on October 30, 2024, Licensee 1 treats patient due to right eye complaints and noted a corneal infection "likely secondary to retained bandage contact lens." Licensee 1 does not provide an explanation for why the BCL was seen here and yet not seen in June, other than implicitly Licensee 1 was now looking at the right eye closer in light of the patient's pain complaints.

For the remainder of November 2025 into March 2025, the original surgeon OMD 1 treats the patient multiple times.

The patient obtained a second opinion with OMD 6, who in May 2025 performs right eye superficial keratectomy of the right central cornea.

Director Schneider summarized Licensee 1's defenses as follows:

1. OMD 1, nor anybody else, ever told Licensee 1 about the BCL;
2. Practice Entity 1 did not have the records from Surgery Center 1 for Licensee 1 to review on post-op day 1 where BCL is documented several times over in Surgery Center 1's records. (Director Schneider noted that unlike acute care hospital records, OMD 1's operative dictation does not contain any time stamp as to dictation time or transcription time. So there is no way to know when "BCL" was handwritten on the operative report or provided to Practice Entity 1);
3. Licensee 1's expert says in a perfect world Licensee 1 should have seen the BCL. But even if Licensee 1 saw the BCL, it would not change Licensee 1's short-term management;
4. OMD 2 saw the patient post-op multiple times into October 2024 yet did not see the BCL either; and
5. It was Licensee 1 in October 2024 who discovered the BCL.

Director Schneider asked does the information presented rise to the level of probable cause for involvement of the Attorney General for investigation into unprofessional conduct of Licensee 1?

Dr. Lyons noted this is unfortunate case. This occurs multiple times where the OD is drowning the patient with multiple drops, including anesthetics, which tends to soften the cornea. It is not uncommon for a BCL being used, and agrees in a perfect world it should have seen but it is not easy to be seen. He is not sure how much blame to place on Licensee 1 when OMD2 skipped over a one-week and one-month follow-up.

Dr. Smith asked Dr. Lyons, who does more post-op evaluations than her, in addressing Licensee 1's argument if it is true that the contact lens would not have been removed at the one-day post-op. Dr. Lyons replied it is very possible, whereas he would probably take it off to assess the eye and then if

an actual epi defect is seen to then put a new one back on. Another option is to remove it, but it is probably reasonable to say that it would have just stayed on.

Dr. Smith raised the issue of the surgery center's chart not being available on post-op day one, but regardless does it take away the optometrist's responsibility to at some point review the surgical note and sign off on it since they are doing the post-op care. Dr. Lyons responded he did not know the set-up, unlike his practice where the surgery center is across the hall and therefore he has the reports the next day.

Dr. Smith noted there is nothing in our laws that requires it. Licensee1 is low on the totem pole, but it does not take away blame completely.

Dr. Alamo noted this is a complicated case and where there were multiple ophthalmologists involved in this case, she agrees with Dr. Smith that Licensee 1 is the lowest on the totem poll to actually take blame. As far as when she does any co-management, she does not receive the report in her office at any time and not on day-one unless it is a one page report that was sent over which sometimes gets misplaced. It would be difficult to take further action with the optometrist being the center of the problem here whereas the ophthalmologist should take responsibility.

Public Member Balecha abstained and deferred to the licensees on the board to provide guidance based on their experience and professional standards. Director Schneider noted there would still be quorum, noted the abstention, and advised it was Public Member Balecha's responsibility as the public member to assess the complaints from a public member perspective for future complaints.

Based upon the Board's discussion, Director Schneider advised on a series of options: 1) close the investigation with no further action; 2) close the investigation with no further action but advise Licensee1 of the board's concerns; or 3) refer this matter to the Attorney General for potential prosecution of a formal complaint. Dr. Lyons indicated a preference to option 1 or 2, but not 3. Dr. Smith inquired, and Director Schneider confirmed, that Licensee 1 was a defendant in a lawsuit on this matter. Dr. Smith indicated her preference for option 3, even though Licensee 1 holds only a minority portion of the blame in her opinion. Dr. Alamo indicated her preference for option 2.

Based upon the Board's discussion, Director Schneider advised on proper voting procedures and sequence. Dr. Alamo inquired into possible CEs regarding co-management and surgical management or complications for Licensee1. Dr. Lyons suggested 6 hours to be completed by the end of the year.

Dr. Smith moved to refer the matter to the Attorney General. Dr. Smith voted Yes. Drs. Lyons and Alamo voted No. Motion did not pass 2-1.

Dr. Lyons moved to close the investigation but that Licensee 1 be advised of the Board's concerns and for Licensee 1 to take 6 hours of CEs in co-management and surgical management or complications to be completed by the end of the year. Dr. Alamo seconded. Drs. Lyons and Alamo voted Yes. Dr. Smith, ensuring her prior vote for referral to the Attorney General was reflected in the record, voted Yes. Motion passed 3-0.

6. <u>Action Item</u>. Complaint 26-20

Dr. Austin noted he has never recused from any point in his entire board existence, but stated he recognized the facts, and in the abundance of caution he believed this could materially impact his independence of judgment and therefore recused, and abstained from any discussion and voting on this item.

Director Schneider directed the Board to the inquiry letter which explains the issue, the chronology, and all relevant laws evolving over the years.

Director Schneider noted that per Licensee 1's response, Licensee 1 called the Executive Director Jenkins in 2019-2020 and was told because the Board approved his business structure in 2005 that means his businesses were compliant with the then-new 2019-2020 laws. Director Schneider did not dispute that call one way or another, but there is no email to or from Licensee1 to or from Director Jenkins memorializing Director Jenkin's opinion of compliance.

Director Schneider noted he did not see any need for this kind of I.T. enhancement, but Licensee 1 seems to place blame on the Board's website for not having double-authentication to allow Licensee 1's employee to submit the application without Licensee 1's approval. Director Schneider noted Licensee 1 never says the employee was reprimanded for stealing the credit card and/or having unauthorized access to the credit card in order to do so.

If the Board is satisfied that Licensee 1 having a holding company with OMD 1 is not in violation of Nevada law, the other question begged is whether the renewal application with mistaken/false information which Licensee 1 blames his employee for, is likewise without consequence. The meeting materials contains some relevant law in this respect, albeit the intent of the law very likely is for patient care and not mistaken submissions to the Board.

Dr. Lyons noted he worked for an OMD practice for 20 years and the issues of this complaint have always been an issue and what constitutes a true independent contractor when he is not an employee or partner of that group. As to first issue, Licensee1 reached out to the board to do the right thing so no fault should be assessed but as to the second issue Dr. Lyons analogized the board's prior meeting regarding EMRs and the OD having the ultimate responsibility for it and therefore the lowest level administrative fee should be assessed upon Licensee1.

Dr. Smith discussed her perspective of the administrative fines which in the past were paperwork-based which this too could be considered a paperwork-based issue. Dr. Smith agreed with Dr. Lyons that Licensee1 tried to be in compliance where the law does not really give the board a great way of having co-management doctors perform within their scope. Dr. Smith agreed with Dr. Lyons for an administrative penalty so long as consistent with past practices of the board.

Colloquy on administrative fines history and tiers of penalties.

Dr. Alamo's main concern was Licensee1 allowing someone else to submit the application when the application is sworn to under penalty of perjury where this is a legally binding contract with Licensee1's board and not an insurance company.

Public Member Balecha commented that she has to renew her real estate license, and Licensee 1 would technically still be responsible for it even if Licensee1 is depending on an employee to do it, so an administrative fee is something to impose upon Licensee 1.

Dr. Smith commented that a tier one penalty is acceptable, but noted that past administrative fines are different than this situation which could be categorized as unprofessional conduct.

Dr. Smith moved to issue a tier-one administrative fee of $200 with an warning to the Licensee1 to not do so again and that repeat offenses have higher penalties, and Licensee1 should be the one ultimately responsible for the attestation under oath that any submission to the board is correct. Dr. Alamo seconded. Motion passed unanimously.

7. **Action Item**. AI scribes for EMRs. Director Schneider described the basis for the topic and him receiving calls about it; hence needing the Board's attention. Revolution is a common OD EMR, which is now offering AI as a scribe. Per Revolution's prompt and apparently a box where the licensee checks the box that the patient provided verbal consent for it, licensees are calling the Board to ask about restrictions or permissions with using AI as a scribe and any potential PHI violations. Director Schneider suspects other EMRs will soon have that feature, and therefore other licensees calling the Board about it.

Director Schneider asked other States' executive directors if they had any laws on this and the answer was none. Director Schneider directed the Board to a proposed written response, presuming the Board does not want to seek a statute or regulation for it.

Dr. Smith felt the proposed statement was pretty obvious that usage of AI in charting needs to be HIPAA compliant and that AI can assist but should not be making the final diagnosis and treatment. Colloquy on Director Schneider going to attend ARBO where AI will likely be an agenda topic and use any information learned at the ARBO convention towards a position statement. Drs. Lyons and Alamo and Public Member Balecha agreed.

Dr. Austin commented that his practice's EMR is being beta-tested which begged the questions to him especially when there is no guarantee of how is the patient data being protected, is the conversation recorded or just incorporated into the chart in real time as if a scribe actually typing it into the chart. Plus the licensee needs to obtain confirmation from the patient when no one knows where AI is going in the 5, 10, 15, 20 years. For example, newer OCTs state what the diagnosis is such as with glaucoma or diabetic retinopathy, so perhaps the proposed statement's last sentence needs to be massaged with AI is already making diagnoses and diagnostic suggestions for the licensees.

Dr. Smith moved for Director Schneider to incorporate the board's discussion and any information obtained from the ARBO convention into a letter for any future licensee that inquires about this issue. Dr. Lyons seconded. Motion passed unanimously.

8. **Executive Director report re R074-25.** Director Schneider summarized that the Notice of Intent to Act on Regulation meeting on 5/11/2026 resulted in the proposed regulations been adopted with none of any of the boards' suggestions being incorporated or accounted for. Now the Legislative Commission has to approve the regulations, at the earliest on June 30, 2026. Director Schneider is in contact with other executive directors on next steps.

9. **Executive Director report re proposed amendment to NAC 372.072 sales tax on optician sales of optometric products.** Director Schneider reminded the Board about its efforts in August 2024 and communications with the Department of Taxation, and that he has been keeping tabs on this regulation. Director Schneider surmised the regulation most likely impacts only opticians, whether licensed or not, but he wanted the membership aware in light of the time spent on the topic two years ago.

10. **Executive Director report re Q2 2026 ARBO update.** Director Schneider summarized the update of the upcoming national meeting in Phoenix, and new features for OE Tracker CE.

11. **For Board Discussion and Possible Action.** Proposed items for future Board meetings. Dr. Lyons re-raised the issue of the OD-OMD relationship and if the Board would like to discuss at a future meeting to clean up any areas of the regulation. Director Schneider educated the Board on two ways to do so: 1) a regular meeting agenda item with no force or effect on the regulation change process; or 2) a formal process starting with a public workshop (post hac identified as NRS 233B).

Dr. Lyons was unsure if he wanted a workshop process or not. Colloquy on the Board's past attempts over the years to refine or perfect the regulation but with frustrating results. Drs. Smith and Austin invited Dr. Lyons to advise or draft his own version of the regulation in the event this topic be agendized for later in light of the Board's multiple past open forums and discussions.

12. Public Comment. Public comment was invited with a reminder that no action will be taken at this meeting on any issues presented as public comment and the maximum time is three minutes.

Director Schneider noted the next meeting will involve the budget for FY2026-2027 and that the Board's accountant Lesley Berg will be present.

Director Schneider advised all of the licensees that were issued administrative fines in April 2026 have been timely complied.

13. Action Item. Adjournment. President Smith moved to adjourn. Dr. Austin seconded. Motion passed unanimously. Adjournment occurred at 1:11p.m.

10 persons attended virtually, inclusive of five Board members and Executive Director. No role call conducted or sign-in sheets provided.

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FY 2025-2026 Regular meeting schedule

Thursday 5/28/2026 12:00p.m. (pst) Reg. Bd. Meeting- phone or Zoom
Thursday 6/25/2026 12:00p.m. (pst) Reg. Bd. Meeting- phone or Zoom

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FY 2026-2027 Regular meeting schedule

Thursday 8/6/2026 12:00p.m. (pst) Reg. Bd. Meeting- phone or Zoom
Thursday 10/1/2026 12:00p.m. (pst) Reg. Bd. Meeting- phone or Zoom
Thursday 11/5/2026 12:00p.m. (pst) Reg. Bd. Meeting- phone or Zoom
Thursday 12/10/2026 12:00p.m. (pst) Reg. Bd. Meeting- phone or Zoom

These minutes were considered and approved by majority vote of the Nevada State Board of Optometry at its meeting on June 25, 2026.

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Adam Schneider, Executive Director

Materials for Item No. 5

Nevada State Board of Optometry
Profit and Loss
July 1, 2021-June 30, 2026

	Budget Jul 2026 - Jun 2027
Income	
Endorsement Application	
Fees - Additional Practice Location	
Fees - Application Endorsement Form	
Fees - Application for Licensure as a Nevada Optometrist	
Fees - Application to Administer Therapeutic Pharmaceutical Agents	
Fees - Duplicate License Certificate	
Fees - Fictitious Name Application	
Fees - Glaucoma Application Forms	
Fees - Inactive License Renewal	
Fees - Inactive to Active Status Change	
Fees - Letter of Good Standing	
Fees - Location Change	
Fees - Mobile Optometry Clinic Application	
Fees- Applications	
Fees- Cert/Add'l Location/Addr. Changes	
Fees- License Renewals	
Merchant Fee Income	
Miscellaneous Income	
Penalties- Admin	
Refunds received	
Total for Income	**0.00**
Gross Profit	**0.00**
Expenses	
Accounting & Bookeeping	7,320.00
Bank Charges	
Board Pay, Travel & Per Diem	
Clover Fees	
Company Contributions	35,739.00
Computer purchase incl. Software	1,266.00
Contract Labor	10,042.50
Deemed Member Contributions	
Depreciation Expense	
depreciation expense lease	
Dues & Subscriptions	1,642.00
Insurance- BOND	
Insurance- Liability	1,480.00
interest expense	

Legal, Lobbying & Professional Fees	20,425.00
Miscellaneous Expense	
Office Equipment	
Office Expense	930.00
Other General and Admin Expenses	
Other Miscellaneous Service Cost	475.00
Payroll Expenses	
Company Contributions	
Insurance- Workers Comp	1,292.00
Payroll Taxes	
Payroll- Health Ins, Medicare & PERS	17,466.97
Taxes	
Vol Life & Dep Life Insurance	42.00
Wages	100,000.00
Total for Payroll Expenses	**118,800.97**
PEBP Expense	
Postage and delivery costs	546.00
Printing & Copying (incl leased copier)	
Purchases	
QuickBooks Payments Fees	2,800.00
Reimbursements	
Rent or Lease	650.00
Retirement Benefits	
Stipends	$0.00
Stripe Fees	
Travel- in State (Staff & Board)	
Utilities- Phone, Internet, Gas & Electric	854.00
Website development & upkeep	7,031.00
Total for Expenses	**210,001.47**
Net Operating Income	**-210,001.47**
Other Income	
Disposal of Fixed Assets	
Interest Earned	11,000.00
Total for Other Income	**11,000.00**
Other Expenses	
Amortization Expense	
lease term gain loss	
Reconciliation Discrepancies	
Total for Other Expenses	**$0.00**
Net Other Income	**11,000.00**
Net Income	**-199,001.47**

	Jul - Sep 2026
Opening Cash	**572,403**
Closing Cash	**523,903**
Income	
Endorsement Application	
Fees - Additional Practice Location	
Fees - Application Endorsement Form	
Fees - Application for Licensure as a Nevada Optometrist	
Fees - Application to Administer Therapeutic Pharmaceutical Agents	
Fees - Duplicate License Certificate	
Fees - Fictitious Name Application	
Fees - Glaucoma Application Forms	
Fees - Inactive License Renewal	
Fees - Inactive to Active Status Change	
Fees - Letter of Good Standing	
Fees - Location Change	
Fees - Mobile Optometry Clinic Application	
Fees- Applications	
Fees- Cert/Add'l Location/Addr. Changes	
Fees- License Renewals	
Miscellaneous Income	
Penalties- Admin	
Refunds received	
Total for Income	**0.00**
Gross Profit	**0.00**
Expenses	
Total for Expenses	**51,000.00**
Net Operating Income	**-51,000.00**
Other Income	
Interest Earned	2,500.00
Total for Other Income	**2,500.00**
Net Other Income	**2,500.00**
Net Income	**-48,500.00**

Nevada State Board of Optometry
Cash Flow Projection
July 1, 2026-June 30, 2028

Oct - Dec 2026	Jan - Mar 2027	Apr - Jun 2027	Jul - Sep 2027	Oct - Dec 2027
523,903	**475,403**	**426,903**	**377,403**	**327,400**
475,403	**426,903**	**377,403**	**327,400**	**352,493**
				1,800.00
				956.25
				450.00
				400.00
				350.00
				500.00
				350.00
				325.00
				475.00
				262.50
				200.00
				71,250.00
			100.00	
0.00		**0.00**	**100.00**	**77,318.75**
0.00	**0.00**	**0.00**	**100.00**	**77,318.75**
51,000.00	**51,000.00**	**51,000.00**	**51,002.75**	**53,126.27**
-51,000.00	**-51,000.00**	**-51,000.00**	**-50,902.75**	**24,192.48**
2,500.00	2,500.00	1,500.00	900.00	900.00
2,500.00	**2,500.00**	**1,500.00**	**900.00**	**900.00**
2,500.00	**2,500.00**	**1,500.00**	**900.00**	**900.00**
-48,500.00	**-48,500.00**	**-49,500.00**	**-50,002.75**	**25,092.48**

Lowest Cash Balance	327,400
Operating Expenses	
13 months	232,917

Jan - Mar 2028	Apr - Jun 2028	
352,493	**679,716**	
679,716	**638,761**	
60,000.00	816.20	
1,620.00	1,620.00	
881.25	2,475.00	
225.00	225.00	
150.00		
900.00	300.00	
700.00	700.00	
20,000.00	500.00	
	350.00	
75.00		
1,025.00	125.00	
1,800.00		
300,000.00	750.00	
387,376.25	**7,861.20**	
387,376.25	**7,861.20**	472,656.20
61,652.85	**51,216.18**	420,998.05
325,723.40	**-43,354.98**	
1,500.00	2,400.00	14,700.00
1,500.00	**2,400.00**	
1,500.00	**2,400.00**	
327,223.40	**-40,954.98**	66,358.15

Expense	Average month	Average year
Adobe	$68	$816
Advantage Computers	$193	$2316
ARBO membership	$83.33	$1000
AG legal fees	$250.00	$3000[1]
AG Torts Claims Fund	$77.07	$924.75
Auditor	$1375	$16,500
Board member reimbursements	$0	$0[2]
Carson Tahoe Tax	$610	$7320[3]
Clover Gateway for Gravity Forms	$5.22	$62.60[4]
Fax	$15.83	$189.90
Go Daddy domain	$3.60	$43.18
Go Daddy security	$29.99	$359.88[5]
Go Daddy site seal	$19.99	$239.98
Insurance (Workers' Comp)	$107.7	$1292.40[6]
Insurance (CNA- general liability)	$123.33	$1480
Lease	$54.17	$650
Legislative services	$0	$0[7]
Microsoft	$37.50	$450
Nevada State Bank service charges (#1303)	$0	$0
Nevada State Bank service charges (#0743)	$0	$0
Office supplies	$10	$120
Payroll- Executive Director-wages	$8,333.33	$100,000
Payroll- Executive Director-PERS	$2978.27	$35,739.20
Payroll- Licensing	$233.33	$2,800[8]
Quickbooks renewal	$67.50	$810
Reno Techs Basic Plan	$216.17	$2570
Reno Techs invoices	$178.75	$2145
Ring Central	$55.45	$665.34

[1] AG fees are now $250/hour.
[2] Waived at 6/2025 meeting due to budget crisis. *See* NRS 636.075(1)(a) ("A salary of not more than $150 per day, as fixed by the Board, while engaged in the business of the Board")
[3] Based upon average of $610 for bills from 8/2025 – 5/2026.
[4] $62.80 in 10/2025. For connection between Clover credit card processing with website
[5] $719.76 two-year renewal paid 2/2026
[6] These are now mandated to be State-provided, regardless that we were able to obtain better rates in the private section; hence the nearly 2.25x increase from $590 in the prior fiscal year.
[7] Board has done new statutes in 5/2025; anticipated no new statutes for 5/2027 session
[8] Based on time spent for renewals in November-December of odd-numbered years

Security Metrics	$16.25	$195
Shredding	$10	$120[9]
Stamps	$20	$240
USPS PO Box	$25.50	$306
Zoom	$13.33	$160
TOTAL	**$15,211.60**	**$182,539.28**

[9] Assured Document Destruction $40 in 9/2025

End of month	Bof	Heritage	NSB	WAB	Total
2025 July	97,610.53	113,528.30	11,451.30	7,454.01	230,044.14
2025 Aug	62,079.59	113,826.89	15,988.92	7,502.24	199,397.64
2025 Sept	35,674.45	114,098.20	18,728.38	7,526.48	176,027.51
2025 Oct	21,084.47	114,407.68	21,932.21	7,551.60	164,975.96
2025 Nov	75,913.92	114,663.45	18,089.08	7,575.18	216,241.63
2025 Dec	52,694.54	114,936.44	54,206.30	$7,599.69	229,396.93
2026 Jan	36,417.76	115,213.55	181,139.09	7,625.01	340,395.41
2026 Feb	24,121.56	115,456.60	122,635.10	307,648.82	569,862.08
2026 Mar	136,624.34	115,717.56	$39,067.24	308458.32	599,867.46
2026 Apr	123,445.48	115,979.12	$45,920.95	309356.9	594,702.45
2026 May	112,025.60	116,250	48,268.18	310229.03	586,772.81

Materials for Item No. 6

STATE OF NEVADA

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NEVADA STATE BOARD OF OPTOMETRY

[Licensee 1], O.D.
[Licensee 1 email address]
via email only

Re: NSBO Complaint# 26-22
Patient: [Patient]

Dear Licensee:

This office received a complaint alleging that your care and treatment of the above-referenced patient may have been unprofessional as defined in Nevada Revised Statute (NRS) 636.295 and Nevada Administrative Code (NAC) 636.230. It alleges at [Location 1] located at [Location 1 address] on April 23, 2026:

> Optometrist will not give me a refund for the broken framed they sold me. Keep leaving me voicemails of a store credit. Refusing to return my eye care benefits and my money.
>
> They gave me a used pair of Chanel frames that were visibly worn down and the arm was broken. I returned them within 10 minutes of wearing them and asked for a refund. They instead ordered me a new pair. The rep put my glasses in the heater to manipulate the arms to be straight. She melted my lenses and over heated the arms making them crooked. I returned them and asked again for a refund. They are refusing.
>
> The website states they approve refunds. I feel discriminated as they are all Mexican and I am not.

Pursuant to NRS 636.305(3), in order to determine whether or not there has been a violation of NRS/NAC 636, please provide a written response. **Failure to responsively address each of the above allegations could result in a determination that you agree with the above allegations.** Please include any further information you believe would be useful for the Board to make a determination in this matter.

Your reply to director@nvoptometry.org is due on or by the close of business **June 1, 2026**. If presented to the Board, this matter will be presented in a double-blind manner, i.e., the identity of yourself, your practice, and the patient will not be disclosed so as to allow an objective review

of the allegations and response. **Therefore in your response refer to yourself as "Licensee 1," your practice as "Location 1," the patient as "patient," and do NOT place your response on your personal or office letterhead.**

The Nevada State Board of Optometry investigates all information received concerning possible violations of NRS/NAC 636. This letter is not to be construed as a determination as to whether or not there has been a violation of such laws until a thorough investigation is completed. This correspondence is sent pursuant to NRS 636.305(2) and NRS 636.310(3), and the accompanying subpoena is sent pursuant to NRS 636.141 and NRS 629.061(1)(g). As a licensee subject to an investigation, you are required by law to timely provide the requested information.

Please be advised that if any particular allegations referenced above did occur, and depending on the facts and circumstances, then you may have violated the law, specifically including but not limited to NRS 636.295(8) (unprofessional conduct in the practice of optometry).

Respectfully,

/s/ Adam Schneider
Adam Schneider, Esq.
Executive Director

To the Nevada State Board of Optometry:

Licensee 1 respectfully submits the following response regarding Complaint #26-22.

Licensee 1 denies engaging in unprofessional conduct and denies the allegations that the patient was discriminated against, or that Location 1 refused to address the patient's concerns. Throughout the course of this matter, Location 1 acted professionally, consistently attempted to resolve the patient's concerns, and provided multiple accommodations beyond those required by office policy.

The patient was initially seen at Location 1 on January 26, 2026, for a comprehensive eye examination. On February 16, 2026, the patient returned and purchased a Chanel frame with single-vision Trivex lenses and anti-reflective coating. The total purchase amount was $433.00, with a portion covered through the patient's VSP benefits and the remaining balance paid by the patient. Supporting invoices, payment receipts, prescription records, and lens order documentation are attached.

The eyewear was dispensed on March 5, 2026. At the time of dispensing, the patient expressed concerns regarding the fit of the frame and adaptation to the new prescription. Multiple frame adjustments were performed, specifically to the temples, to improve fit and comfort. The patient was advised regarding the normal adaptation period associated with a new prescription and was reminded of Location 1's 30-day warranty policy, which provides adjustments, lens remakes, and frame exchanges when necessary.

Later that same day, the patient contacted the office and reported that the frame was "falling apart." The patient returned to Location 1 and staff determined that the issue involved a loose screw. The screw was immediately tightened, and the frame was returned to the patient. The patient continued to express dissatisfaction regarding the fit and appearance of the frame. In response, Location 1 offered additional adjustments and advised the patient that she could exchange the frame for a different selection if desired.

The patient later requested a refund. The patient was informed that refunds are not provided pursuant to the written office policy signed and acknowledged at the time of purchase. Under that policy, all sales are final; however, exchanges, remakes, adjustments, and store credit are available for remedies. The patient was offered these remedies in accordance with the signed policy.

The patient subsequently stated that the original Chanel display frame fit better than the newly dispensed frame. As an accommodation, the lenses were temporarily placed into

the display frame so the patient could compare the fit. The patient indicated that the display frame fit better; however, she also stated that she did not want the display frame itself.

Despite the fact that Location 1 was not obligated to provide a refund under its written policy, multiple additional accommodations were offered in an effort to achieve patient satisfaction, including:

• Ordering a brand new replacement Chanel warranty frame at no cost to the patient;

• Ordering replacement lenses under warranty;

• Continuing frame adjustments and exchanges until the patient was satisfied with the fit and appearance of the eyewear;

• Providing store credit toward another frame selection if desired; and

• Providing the patient with a complimentary T.E.D. Eyewear frame and single vision polycarbonate anti-reflective lenses at no charge due to the inconvenience experienced.

Documentation contained within the patient record confirms that a replacement Chanel warranty frame and replacement lenses were ordered. Copies of those records are attached.

When the patient continued to express dissatisfaction, the matter was escalated to Regional Manager [redacted]. Ms. [redacted] personally attempted to contact the patient and left voicemail messages to discuss available resolutions. The patient did not respond to those communications. Location 1 nevertheless remained willing to continue working with the patient to find a satisfactory solution.

The complaint alleges that the frame sold to the patient was "used." Licensee 1 is unaware of any evidence supporting that allegation and denies knowingly dispensing a used or defective frame. Upon learning of the patient's concerns, Location 1 immediately worked to address those concerns and ordered a brand-new replacement frame under warranty rather than dispute the issue.

The complaint also alleges that staff damaged the patient's lenses while adjusting the frame. Licensee 1 denies intentionally damaging the patient's eyewear. Routine frame adjustments were performed as part of the dispensing process, which is standard optical practice. Regardless of the cause of the patient's dissatisfaction, Location 1 offered to

remake the lenses under warranty and continued to offer replacement options at no additional cost.

The allegation that the patient was discriminated against because she is not Mexican is categorically denied. Neither Licensee 1 nor any member of the staff treated the patient differently based upon race, ethnicity, national origin, or any other protected characteristic. Location 1 serves a diverse patient population and strives to provide professional, respectful, and equitable treatment to all patients. No actions taken by Licensee 1 or staff were motivated by discriminatory intent, and there is no factual basis supporting that allegation.

The patient further alleged that the website states refunds are approved. Any return language referenced on the website applies to online sales only and does not apply to in-office custom eyewear purchases. The patient was advised of the applicable office policy, which was signed and acknowledged prior to purchase. A copy of the signed policy is attached.

Despite repeated efforts to resolve the matter through adjustments, warranty replacements, lens remakes, frame exchanges, store credit, a complimentary second pair of eyewear, and personal outreach by management, the patient remained dissatisfied. The patient subsequently filed a credit card dispute alleging defective merchandise and posted negative reviews regarding Location 1.

Licensee 1 maintains that all actions taken in this matter were performed in good faith and in accordance with accepted optical dispensing practices, office policies, and warranty procedures. At no time did Licensee 1 engage in unprofessional conduct or violate Nevada law governing the practice of optometry. To the contrary, Location 1 consistently attempted to accommodate the patient and provide a satisfactory resolution.

Location 1 remains willing to continue working toward a reasonable resolution should the patient choose to reestablish communication.

Respectfully submitted,

Licensee 1

[redacted]

Invoice

Service Date	Invoice Date	Invoice #
02/16/2026	02/16/2026	[redacted]

Patient	Patient #
[redacted]	[redacted]

Provider	Tax ID
[redacted]	

Bill To

[redacted]

Code	Description	Price	Qty	Disc	Tax	Adjs	Paid	Balance
V2020	Luxottica CH3392-A	$523.00	1	-$250.0	$0.00	$0.00	$273.00	$0.00
	Discount - Discount Insurance Plan - VSP : ($250.00)							
V2103	T.E.D. Optical Lab SV	$90.00	1	-$75.00	$0.00	$0.00	$15.00	$0.00
	Discount - Discount Insurance Plan - VSP : ($75.00)							
V2750	T.E.D. Optical Lab Anti-Glare Green	$100.00	1	-$15.00	$0.00	$0.00	$85.00	$0.00
	Discount - Discount Insurance Plan - VSP : ($15.00)							
V2782	T.E.D. Optical Lab TRIVEX	$75.00	1	-$15.00	$0.00	$0.00	$60.00	$0.00
	Discount - Discount Insurance Plan - VSP : ($15.00)							
PAYMENT	Credit Card (Visa) - 02/16/2026							-$217.00
PAYMENT	Cash - 03/05/2026							-$216.00

Sub-Total	$788.00
Discounts	-$355.00
Tax	$0.00
Total Amount	$433.00
Adjustments	$0.00
Payments Received	$433.00
Credits Granted	$0.00
Balance Due	**$0.00**

Order number 0344362568

REPEAT ORDER

Your order

Reference:	319048948
Client Reference:	-
Status:	Shipped
Order placed on:	03/16/2026
Order placed by:	user.0001341761.us
Quantity:	1

Recipient of the goods

Recipient ID:	0001341761
Address:	[redacted]
Business Name:	
Email:	
Phone:	

1 Acquired — 2 Confirmed — 3 Shipped

Shipment number: 8734373499

1 To Be Shipped

Tracking Link: FFD UPS 2ND DAY AIR

	Product	Description	Order type	Quantity shipped	Request date	Status	Client Reference
	Chanel 0CH3392 C501 53	ACETATE WOMAN OPTICAL FRAME	Sales	1/1	03/18/2026	To Be Shipped	[redacted] WARRANY)

	SPH	CYL	AXIS	PRISM	DPD/NPD: 29.0
OD	-5.75	-1.25	005		Mono PD: 29.0
OS	-6.00	-1.25	165		OC: 30
					WEAR: (D) N C

ADD _____ SEG HT _____ ☐ GL ☐ PL ☐ POLY ☒ HI Trivex

LENS DESCRIPTION: ☒ SV ☐ PAL ☐ FT ____ ☐ TRI ____

OTHER B: 43 ED: 53

TINT _____ ☐ S/G ☐ UV400 ☒ AR ☐ TRANS _____

FRAME Chanel CODE CH3392

EYE SIZE 53·17·140 FRAME COLOR 501

Sale on : 02 / 16 / 20 BY Paola. A

DISPENSE ____/____/____ BY _____

	SPH	CYL	AXIS	PRISM	DPD/NPD: ____
OD					Mono PD: ____
OS					

Pt did not like how Frame fit and the temples. I replaced the Frame back to original demo. See if Pt likes fitting now, if not when Pt comes back let her restyle to new Frame.

ADD ____ ☐ OLY ☐ HI

LENS D ____ RI ____

OTHER ____

TINT ____

FRAME ____

EYE SIZ ____

Sale on ____

DISPEN ____

Rx #3

SP ____

OD ____

OS ____ N C

ADD ____ LY ☐ HI

LENS DES ____

OTHER ____

TINT ____

FRAME ____

EYE SIZE ____

Sale on : ____

DISPENSE ____/____/____ BY ____

03/18/20
ordered new Frame.

03/31/20
gave Pt Free Ted Frame + Lenses

Rx #4

SPH CYL AXIS PRISM DPD/NPD: ____

					Monoc PD: ____
OD					OC: ____
OS					WEAR: D N C

ADD ____ SEG HT ____ ☐ GL ☐ PL ☐ POLY ☐ HI

LENS DESCRIPTION: ☐ SV ☐ PAL ☐ FT ____ ☐ TRI ____

OTHER ____

TINT ____ ☐ S/G ☐ UV400 ☐ AR ☐ TRANS ____

FRAME ____ CODE ____

EYE SIZE ____ FRAME COLOR ____

Sale on: ____/____/____ BY ____

DISPENSE ____/____/____ BY ____

PATIENT PAYMENTS HISTORY

DATE	RX #	TOTAL FEE	PAID	BALANCE
02/16/20		$433	$217	$216

Notes :

SV (AB) Trivex $60

AR (QV) $85
green Techshield Elite

MAT COPAY $15

$160

Chanel $273

$433

TOTAL:

3/3/26 call/tx pt — rosario.

[redacted]

VSP
2.16.26
Redo
3.17.26

[redacted] [redacted] 02/16/26

Last Name First Name Date of Birth Date

Address City State Zip Code

[redacted]

Email Phone Number

Terms and Restrictions

1. No checks accepted.
2. There is a 30-day warranty on all lenses. Patients are welcomed back for a doctor recheck or lens upgrade i case that they are having problems with dispensed glasses. Fees may apply for upgrades.
3. Exchange or returns on contact lenses are ONLY accepted with unopened boxes.
4. A non-refundable restocking and labor fee may be applicable when glasses are not picked up within 30 day: Labor and manufacturing fees are applied on manufactured canceled orders.
5. Patients own frame use are accepted but [redacted] is not responsible or liable for damaging frames duri manufacturing process. If patients own fame is not picked up after 90 days, [redacted] has no responsibil storing it.

Warranties and Material **Initials**

Explained 30 Day Warranty on non-adapt prescription
Upgraded to Polycarbonate
Denied Polycarbonate
All lens materials can scratch (no warranty on scratches)
Denied Transition lenses
Denied Anti-Glare
Denied Progressive Lens
Only exchanges or store credit are accepted. All sales are final.

[redacted] 02/16/26

Full name and signature of the Patient, Legal Guardian, or Insured Date

Dr. [redacted] / _____ Tech : LR

Patient Name: [redacted] DOB: [redacted] Date 04/06/2026

Notes: Age: 34 M (F) Time 1:53 am/pm

CC: Decreased Vision ~~Far~~ Near Inter/Comp (SRx) (CL) DRP DFE

LEE: JAN 2026
FLOATERS
(Didn't like Precision One Astig)
- on ACCUTANE -
(INTERESTED IN MO CL)

PEHx:
PMHx: Unremarkable DM HTN CHOL ATH AHD BCP
Meds: None / See Welcome Sheet
Allergy: NKA
Mental: Alert + Ox3 / Disoriented / Confused Affect: Pleasant / Anxious / Depressed / Agitated

HRx	Age of Rx OLD RX Jan 2026 (SV) BF TF PAL Readers Last Exam RX				
OD	-5.75 -1.50 x 010	Add			
OS	-6.00 -1.25 x 160	Add			
OLD CL	Brand: AVAOCYC HYDRA (DAILY)		Replace:		DW/EW
	Sphere	Cylinder	Axis	B.C	Dia.
OD	-5.50	DS	Precision One Daily		
OS	-5.50	DS			

VA	Unaided	Ac sRx / CI	PH	NVA cc / sc
OD	20/	20/ 20	20/	RS 20/
OS	20/	20/ 20	20/	RS 20/
OU	20/	20/ 20	20/	RS 20/

Color OD _____ OS _____ OU _____ (Ishihara PIP) Stereo Local _____ Global _____
CT sc/cc OD ORTHO/_____ NPC _____ cm NRA/PRA + 2.00/- 2.00
N ORTHO/_____
Versions full range of motion OU
Pupils PERRL / APD: neg pos
Other:
Visual Field C / S Rx (Conf / PDT)
OD Eye Pic
OS

AR			K			IOP (NCT) GAT		
	OD	-5.50 -1.25 x 180		OD	44.00/7.07	@ 2:00 am/pm	OD	15
	OS	-5.75 -1.25 x 165		OS	44.50/7.01		OS	17

Subjective Refraction		DVA	ADD	NVA	VDT @
OD	-5.75 -1.25 x 010	20/ 20		RS 20/	
OS	-6.00 -1.25 x 160	20/ 20		RS 20/	

Retinoscopy (Dry / Wet)
OD
OS

Dom. Eye OD OS

Disp 1 pr TC
AV aasyn (86/14.5) -5.50-1.25 x 010 20/20
Astig -5.50-1.25 x 160 20/20
MOB Good / Central Fog OU

OD SLE (78D / 90D / DO) OS

Clear	Lids/Lash	Clear
Clear	Conj.	Clear
Clear	Cornea	Clear
1 2 3 4	A/C	1 2 3 4
R+I	Iris	R+I
Clear	Lens	Clear
R+I	ONH	R+I
0.35	C/D	0.35
Clear	Vitreous	Clear
NL	Vessels	NL
F+A	Macula	F+A
	Retina	

Decline DFE / DPA @ _____ am/pm ☐ Prop ☐ 1.0% Trop. ☐ 2.5% Phenyl
Periphery (20D / BIO / DO)

No Holes / Tears / RD OD OS OU

Assessment:
1. Myopia Hyperopia Astigmatism Presbyopia Emmetropia
2. Anterior/ Posterior Segment Health WNL OD / OS / OU
   Digital Retinal Photos : WNL OD / OS / OU

Plan:
1. Rx Specs / No SRx ☐ Ok to order CL Soln: Opti free / Biotru / CC
   Rx Rec: ☐ PT wear ☐ Far / Near / Comp (SV) / BF / TF / PAL
   ☐ PT wear ☐ Far/ Near / Comp ☐ PCB only ☐ uV /AR / Trans.
2. ☐ RTC DFE / ____day ____wk _____mo 1 yr
   ☐ Refer to OMD / Monitor Yearly :
   ☐ PCP : Continue care of DM / HTN / Cholesterol control

Order: AV aasyn Daily (86/14.5) -5.50-1.25 x 010
TL: Astig & Hydrate -5.50-1.25 x 170

Patient Education :
√Adaptation to Rx / RTC for recheck (glasses within 60 days , CL within 30 days)
√Importance of DFE / DFE can reduce temporarily decreased vision, recommend driver & dispense mydriatic glasses,
√Sign & symptoms of retinal detachment, patient to seek care immediately

Final SRx	☐ Same as Subjective Rx ☐ Same as Trial Frame
OD	-5.75 -1.25 x 010
OS	-6.00 -1.25 x 165
Final Cl Rx	**Brand B.C / DIA. ☐ Same as CL Trials ☐ OK to order Color CL**
OD	AV aasyn (86/14.5) -5.50 -1.25 x 010
OS	Astig -5.50 -1.25 x 170

E.Goh—09/24 Doctor's Sig:

04/21/2026. Pick up Daily. (5 TL PAIR)

CCL 20/20
20/20

AV Oasys (8.5/14.3)
Arlig
1 day Hydraluxe

OD - 5.50 -1.25 x 010
OS - 5.30 -1.25 x 170

Pt to try AV Oasys 1 day Arlig Hydraluxe
TL before ordering supply.

NAME

MAR_06_2026 PM 12:46

NO:1468

VD : 13.75
CYL : (-)

<R>	S	C	A
	- 5.50	-1.25	180
	- 5.50	-1.25	180
	- 5.75	-1.25	180
*	- 5.50	-1.25	180
S.E.		-6.25	

<L>	S	C	A
	- 5.75	-1.00	165
	- 5.75	-1.25	165
	- 5.75	-1.25	165
*	- 5.75	-1.25	165
S.E.		-6.50	

PD = 58mm

KRT. DATA

<R>	D	MM	A
H	43.00	7.83	180
V	45.00	7.51	90
AVE	44.00	7.67	
	CYL	-2.00	180

<L>	D	MM	A
H	43.75	7.72	175
V	45.00	7.49	85
AVE	44.50	7.61	
	CYL	-1.25	175

TOPCON

WELCOME to [redacted]!

We thank you for choosing our office to serve your eyecare needs. We are delighted to have you as a patient. Please provide us with the following information so that we can better serve you. If you have any questions, we will be happy to help.

(Please Print) □ Mr. □ Miss □ Mrs. ☒ Ms. □ Dr. Today's Date: 4/6

Last name [redacted] First name [redacted] Middle

Address [redacted] City [redacted] State MN Zip [redacted]

Home Phone ( ) - Work Phone ( ) - Daytime/Cell Phone [redacted]

Email address: [redacted] Occupation: Marketing

Birth date [redacted] Age 34 Gender F Employer: [redacted]

Emergency Contact Info : [redacted]

Main reason for today's visit : Contact lence

How did you hear about our Office ? google / VSP

Vision/Medical Insurance Information □ **DO NOT HAVE VISION INSURANCE**

Vision/Medical Insurance: VSP

Member's Name: [redacted]

Insured Date of Birth [redacted]

Employer:

Relationship to Patient:

Insured Social Security # / /

Do you currently wear glasses ? (Yes) No

(If yes: How old is your current glasses new)

Do you wear Contacts? (Yes) No

(If yes: What Brand ? acuvue oasys)

How often do you replace the contacts? daily)

Interested in Contact Lenses ? (Yes) No

Interested in Laser Vision Correction? Yes (No)

Eye History: (√ the box if it applies to you)

	You	Family
Lazy eye/amblyopia	□	
Turned eye/strabismus	□	
Cataract	□	□
Glaucoma	□	□
Macular degeneration	□	□
Retinal detachment	□	
Blindness	□	□
Allergies/Itching Eyes	□	
Dry eyes	☒	
Floaters	☒	
Flashes of light	☒	
Past eye infection	□	

Eye injury

Eye surgery

Other

Check here if No previous Ocular/ Health History : □

MEDICAL History	You	Family	If Yes Please explain
Diabetes	□	□	
High Blood Pressure	□	□	
Heart Disease / Cardiovascular	□	□	
Cholesterol	□	□	
Asthma/COPD/Respiratory	□		
Allergic/Immunologic/ Arthritis	□		
Ear/Nose/Throat	□		
Blood/Lymph	□		
Mental/Migraine / Headaches	□		
Thyroid disease	□		
Skin disease	□		
Musculoskeletal	□		
Gastrointestinal	□		
Genitourinary	□		
Cancer _____	□	□	

Female patients only : Are you currently pregnant ? Yes / (No)

On Birth Control Medication ? Yes / (No)

Surgery

Medications: accutane (last month)

Med. Allergies:

Do you smoke? Yes (No) (if yes, how much per day?)

Do you drink alcohol? Yes (No)

(if yes, how much/how often?)

(Continue on back)

Office Use Dr's Signature: [redacted] Date 4/16/24

If you suffer from any of the following conditions you are highly recommended

to have your eyes dilated and /or DRP done today.

- Diabetes
- High Blood Pressure
- Cataracts
- Flashes of Lights
- Floaters
- Personal or Family History of Glaucoma/Macular Degeneration

DILATION

Dilation is an important **preventative** procedure in which medicated drops are placed on the eyes to make the pupils larger. This will allow for a more comprehensive evaluation of the health inside your eyes. A routine dilation of the eyes is recommended at least once every 2 years. There are certain systemic and ocular conditions that require your eyes to be dilated every year.

SIDE EFFECTS: Once your eyes have been dilated, you may experience increased light sensitivity, mild blur of distance objects and the inability to focus on near objects (ie. reading may be difficult). These effects may last for approximately 3 to 4 hours. Due to these side effects, we recommend that you have someone drive you home.

**If you experience severe headaches, red or painful eyes or nausea after your eyes have been dilated, please return or call our office or go to the ER immediately. If you had severe side effects in the past from dilation, please chose to have the digital retinal photography (DRP) done instead. The doctor will be happy to answer any questions you may still have regarding this procedure. There may be an additional $30.00 charge for this procedure.

(Please check one)

- ☐ **YES,** I wish to have my eyes dilated today.
- ☐ **NO,** I do not wish to have my eyes dilated and assume the responsibility of having an eye exam without dilation.
- ☐ I wish to rescheduled the dilation for another day

DIGITAL RETINAL PHOTOGRAPHY (DRP)

Our office is proud to offer you the newest DRP technology. DRP takes digital photographs of the back of your eyes and allow the Doctor a much wider field of view of your retina than most traditional exams. These pictures are saved to our records and serve as documentation of the current condition of your eyes. This aids in the tracking of the health of your eyes should any changes occur in the future. These pictures can be reviewed by you and the Doctor during your exam.

Dr. [redacted]nd her associates strongly recommend that patients in our office have this procedure done annually to allow them to utilize state of the art equipment to assess the health of your eyes. The entire procedure usually takes less than 5 minutes to complete. There are **NO SIDE EFFECTS** to this procedure unlike those experienced with dilation.

The charge for this procedure is **$30.00.** If you have any further questions or concerns our staff, Dr. [redacted]or any of her associates will be happy to address them.

(Please check one) :

- ☐ **YES,** I wish to have DRP done today.
- ☐ **NO,** I do not wish to have DRP done today and assume the responsibility of having an eye exam without retinal photos.

Patient Signature: [redacted] Date: 4/6

If patient is a minor (under 18 years old), a parent or guardian must sign this form

SIGNATURE ON FILE

Patient Name: [redacted]

NAME OF INSURED (if other than the patient) _____

- I understand that I am responsible for knowing if my insurance is contracted with [redacted] and that I am responsible for knowing my coverage and benefits with my insurance.

- I understand and agree that I am responsible for the payment of any and all charges incurred as a result of this or any subsequent office visit(s). I also understand and agree to accept responsibility for payment of any and all claims should my insurance carrier deny part or all of a claim.

- I understand and agree that all insurance deductibles and any incurred expenses not covered by the insured's health carrier must be paid for at the time of the office visit.

- I hereby authorize payment directly to Dr. [redacted] for all services rendered to me by Dr. [redacted] or any of her authorized associates.

- I authorize the release of all medical information to the insured's health insurance carrier that is acquired in the course of my examination or treatment or which may have a bearing on the benefits payable under this or any other plan that provides benefits or services. I authorize Dr. [redacted] or any of her associates to assist me in obtaining payment from my health insurance companies.

I authorize a copy of this "SIGNATURE ON FILE" form to be used in place of the original and that this copy may be used on all my insurance submissions.

X [redacted] 4/16

INSURED OR AUTHORIZED PERSON'S SIGNATURE **DATE**

ACKNOWLEDGEMENT and PATIENT PRIVACY NOTICE

- To the best of my knowledge, the information pertaining to the health history is complete and correct.

- I acknowledge that I have been informed that medical records will be retained by the treating optometrist for a period of 5 years. If the patient is under the age of 18 at the time of the first visit, the records will be kept for a period of 5 year commencing with the first date of treatment following his/her 18th birthday.

- I agree to be responsible for the payment of all services rendered on my behalf or my dependents. Service charges of 1.5% per month will be added on all balances over 60 days past due. In the event it becomes necessary to collect fees through litigation, patient agrees to pay all collection fees, court costs, deposition fees, and reasonable attorney's fee incurred.

- I acknowledge that there is NO REFUNDS on any professional service fees. Materials refund policy is as follows (must be returned within 30 days of purchase) for EYEWEAR: [redacted] will refund 100% of what I paid for the frame and 50% of the lens price. CONTACT LENS: [redacted] will exchange any unopened and unmarked contact lens boxes except for any specialty/custom contact lens including colored contact lenses are non-refundable.

- I authorize the Doctor's office to use my name, address, telephone number, email address as part of the recall program.

- In the course of providing service to you, we create, receive and store health information that identifies you. It is often necessary to use and disclose this health information in order to treat you, to obtain payment for these services, and to conduct healthcare operations involving our office. The ***Notice of Privacy Practices*** describes these uses and disclosures in detail. I acknowledge that I have read and understand the ***Notice of Privacy Practices*** at [redacted]

X [redacted] 4/16

PATIENT SIGNATURE OR GUARDIAN OF PATIENT **DATE**

If signing as a parent, guardian or personal representative of the patient, describe the relationship to the patient:

Self _____

Relationship to Patient **Print Name of Parent/Guardian**

MON 04/06 @ 3:30

NP

VSP PATIENT RECORD REPORT

PATIENT IDENTIFICATION

Patient Name [redacted]
Relationship **Member**
Member Name [redacted]

Auth# **81824595**
Auth Eff Date **03/30/2026**
Auth Exp Date **04/29/2026**
Birth Date [redacted]

EYE HEALTH MANAGEMENT CONDITIONS (check all that apply)

SYSTEMIC CONDITIONS: ☐ High Risk for Prediabetes ☐ Diabetes ☐ Hypertension ☐ High Cholesterol

OCULAR CONDITIONS: ☐ Diabetic Retinopathy ☐ Glaucoma ☐ AMD ☒ None of these 7 conditions

☐ Dilation Performed ☐ PCP Communication Completed/Planned

PATIENT HISTORY *VSP has not independently verified this data from outside sources and cannot guarantee its accuracy.*

Last WellVision Exam 01/26/2026 **Dilation Indicated** No **PCP Communication Indicated** No

Reported Conditions None Reported

Diagnosis Codes H52.223

PATIENT COVERAGE

Eligibility	Exam/ProfSvcs ***YES***	Lens ***YES***	Frame ***YES***	Contact Lens Exam ***N/A***	Contacts ***YES***
Service Freq	Exam *Every year beginning in January.*	Lens *Every year beginning in January.*	Frame *Every year beginning in January.*	Contact Lens Exam *Every year beginning in January.*	Contacts *Every year beginning in January.*

Benefit *VSP Choice Plan* **Client Name** [redacted] *Enhanced Plan*

Network *Choice* **Lab Use** *Must use plan designated contract laboratory.*

billed ex1
04/06

Essential Medical Eye Care Exam Copay *$20.00*

Patients with diabetes (without diabetic eye disease) receive covered-in-full retinal screening. Patients with diabetes, glaucoma, or AMD may be eligible for additional exams and services. All patients may be eligible for medical eyecare services for non-chronic conditions. Criteria applies, see VSP Manual.

PLAN DETAILS

Co-payments Exam ***$10.00*** Material ***$15.00***

Routine Retinal Screening *Charge the lesser of $39.00 or U&C*

Frame Allowance *WFA115 $300.00 for Altair/Marchon frames. Patient receives 20% savings on frame overage.*

WFA96 $250.00 for non-Altair/Marchon frames. Patient receives 20% savings on frame overage.

Contacts *Routine eye exam covered.*

CL Exam Services *Charge the lesser of $60 copay or 85% U&C*

CL Materials *$250.00*

Contacts are instead of spectacle lenses. If contacts chosen, patient is eligible for a frame.

Necessary Contact Lenses *Criteria applies; see VSP Manual. Copay $15.00.*

Low Vision *Criteria Applies see VSP Manual.*

Value Added Benefits

40% off complete additional pair of prescription glasses, including lens enhancements, within 12 months from the same VSP doctor who performed routine exam.

20% complete additional pair of glasses, including non-prescription plano sunglasses and blue light filtering glasses, from a VSP doctor within 12 months of routine exam.

15% contact lens exam services from a VSP doctor for 12 months on or following date of routine exam.

LENS ENHANCEMENT DETAILS (SEE LENS ENHANCEMENT CHARGES TAB)

Covered
Anti-Reflective Coatings
High Index
Solid Tints and Plastic Dyes (Pink I & II)
Standard Progressives

Covered with Additional Copay
Aspheric (plastic & digital)
Blended Bifocal
Custom Progressives (includes Custom Measurements)

Covered with Additional Copay
Glass Color Coatings
Light Filter
Mirror/Ski Type Coating
Near Variable Focus
Oversize Lenses
Photochromics
Plastic Dyes (Gradient)
Plastic Dyes (Solid color except Pink I & II)

Covered with Additional Copay
Polycarbonate
Premium Progressives
Rimless Drill
Scratch Resistant Coatings
UV Protection

VSP Lens Enhancement Charges 81824595 [redacted]

	Single Cost	Multi Cost
LENSES		
Aspheric	**Covered With Additional Copay, 80% of U&C to Max**	
AA - Plastic 1.50 - Aspheric	$31	$35
BA - Digital Aspheric lenses-Plastic	$45	$55
Oversize Lenses	**Covered With Additional Copay, 80% of U&C to Max**	
RM - Frames stamped 61mm Eye Size or Greater-Plastic	$11	$14
RN - Frames stamped 61mm Eye Size or Greater-Glass	$13	$18
Blended Bifocal	**Covered With Additional Copay, 80% of U&C to Max**	
GA - Blended Bifocal Plastic		$30
Standard Progressives	**Covered**	
KA - Progressive K Plastic	$0	$0
KE - Progressive K Glass	$0	$0
Premium Progressives	**Covered With Additional Copay, 80% of U&C to Max**	
N or O category lenses: If you've taken custom measurements on eligible lens and will submit on claim, add CM* charge before subtracting allowance.		
FA - Progressive F Plastic		$105
FE - Progressive F Glass		$110
JA - Progressive J Plastic		$95
JE - Progressive J Glass		$105
Custom Progressives	**Covered With Additional Copay, 80% of U&C to Max**	
NA* - Progressive N Plastic		$175
OA* - Progressive O Plastic		$150
*CM - Custom Measurement		$10
Polycarbonate	**Covered With Additional Copay, 80% of U&C to Max**	
AD - Polycarbonate	$35	$35
BD - Polycarbonate (Digital Aspheric add-on)	$10	$10
DD - Polycarbonate (Polarized add-on)	$31	$31
FD - Polycarbonate (Progressive F add-on)		$35
ID - Polycarbonate (Near Variable Focus add-on)		$20
JD - Polycarbonate (Progressive J add-on)		$35
KD - Polycarbonate (Progressive K add-on)		$35
ND - Polycarbonate (Progressive N add-on)		$35
OD - Polycarbonate (Progressive O add-on)		$35
High Index	**Covered With Additional Copay, 80% of U&C to Max**	
AB - High Index Plastic 1.60 & Below/Trivex	$56	$60
AF - High-Index Glass 1.60-1.80 (Clear)	$60	$138
AH - High-Index Plastic 1.66/1.67	$83	$98
AJ - High-Index Plastic 1.71 & above	$111	$118
BB - Digital Lenses-High Index Plastic 1.60 & Below/Trivex	$28	$28
BH - Digital Lenses-High Index Plastic 1.66/1.67	$58	$68
BJ - Digital Lenses-High Index Plastic 1.70 & Above	$86	
DB - Polarized Lenses-High Index Plastic 1.60 & Below/Trivex	$76	$95
DH - High-Index Plastic 1.66 (Polarized add-on)	$89	$108
DJ - High-Index Plastic 1.70 & above - Polarized	$108	
FB - Progressive F - High Index Plastic 1.60 & Below/Trivex		$47
FH - High-Index Plastic 1.66 (Progressive F add-on)		$78
FJ - High-Index Plastic 1.71 (Progressive F add-on)		$125
IB - Near Variable Focus - High Index Plastic 1.60 & Below/Trivex		$24
II - Near Variable Focus High-Index Plastic 1.66		$50
IJ - Near Variable Focus-High Index Plastic 1.70 & above		$60
JB - Progressive J - High Index Plastic 1.60 & Below/Trivex		$47
JH - High-Index Plastic 1.66 (Progressive J add-on)		$78
JJ - High-Index Plastic 1.71 (Progressive J add-on)		$125
KB - Progressive K - High Index Plastic 1.60 & Below/Trivex		$47
KH - High-Index Plastic 1.66 (Progressive K add-on)		$78
KJ - High-Index Plastic 1.71 (Progressive K add-on)		$125
NB - Progressive N - High Index Plastic 1.60 & Below/Trivex		$47
NH - High-Index Plastic 1.66 (Progressive N add-on)		$78
NJ - High-Index Plastic 1.71 (Progressive N add-on)		$125
OB - Progressive O - High Index Plastic 1.60 & Below/Trivex		$47
OH - High-Index Plastic 1.66 (Progressive O add-on)		$78
OJ - High-Index Plastic 1.71 (Progressive O add-on)		$125

	Single Cost	Multi Cost
LENSES (Continued)		
Photochromic	**Covered With Additional Copay, 80% of U&C to Max**	
PM - Photochromatics Glass	$33	$41
PR - Photochromatics Plastic	$75	$75
Polarized/Laminated	**Covered With Additional Copay, 80% of U&C to Max**	
DA - Polarized Plastic A	$57	$77
DE - Polarized Glass	$78	$101
FP - Polarized (Progressive F add-on)		$82
JP - Polarized (Progressive J add-on)		$82
KP - Polarized (Progressive K add-on)		$82
NP - Polarized (Progressive N add-on)		$82
OP - Polarized (Progressive O add-on)		$82
UV Protection	**Covered With Additional Copay, 80% of U&C to Max**	
BV - UV Protection Backside lens	$10	$10
SV - UV Protection	$16	$16
TINTS		
Solid Tints and Dyes	**Covered With Additional Copay, 80% of U&C to Max**	
MN - Plastic Dyes (excludes Pink I & II)	$15	$15
MR - Glass Tints (excludes Pink I & II & Yellow)	$34	$44
Plastic Gradient Dyes	**Covered With Additional Copay, 80% of U&C to Max**	
MP - Plastic Dyes Gradient	$17	$17
COATINGS		
Scratch Resistant Coating	**Covered With Additional Copay, 80% of U&C to Max**	
QQ - Scratch Resistant A	$17	$17
QS - Scratch Resistant B	$33	$33
Anti-Reflective Coating	**Covered With Additional Copay, 80% of U&C to Max**	
QM - Anti-Reflective A	$41	$41
QT - Anti-Reflective C	$68	$68
QV - Anti-Reflective D	$85	$85
Color Coating	**Covered With Additional Copay, 80% of U&C to Max**	
MS - Glass Color Coatings Solid	$42	$42
MT - Glass Color Coatings Gradient	$46	$46
Mirror and Ski Type Coating	**Covered With Additional Copay, 80% of U&C to Max**	
QP - Mirror Solid	$49	$49
QR - Ski Type	$55	$55
MISCELLANEOUS		
Edge Treatments	**Covered With Additional Copay, 80% of U&C to Max**	
SP - High Luster Edge Polish	$16	$16
SQ - Edge Coating	$36	$36
Facets	**Covered With Additional Copay, 80% of U&C to Max**	
SR - Facetted Lenses	$66	$66
Rimless Mounting	**Covered With Additional Copay, 80% of U&C to Max**	
SW - Rimless Drill	$30	$30
Near Variable Focus	**Covered With Additional Copay, 80% of U&C to Max**	
IA - Near Variable Focus Plastic A		$50
Technical Add On	**Covered With Additional Copay, 80% of U&C to Max**	
AE - Technical Add On A		
TA - Technical Add On A	$10	$40
Light Filter	**Covered With Additional Copay, 80% of U&C to Max**	
LF - Light Filter	$15	$15

Patient Name : [redacted] DOB: [redacted]

Telephone: [redacted] Date of Service: 04/06/2026

PD: (Far) ____/____ (Near) ____/____ Date of Material Order: ____

INS: VSP / Private Pay Date of Pick Up : ____

RX	Sphere	Cyl	Axis	Prism	Add
OD					
OS					

CLRX	Sphere	Cyl	Axis	BC/Dia	CT / Color/Add
OD					
OS					

RX For: □ All Distance □ Distance ONLY □ Reading ONLY □ Occupational/Comp

Contacts (S0500): Brand: ____ Qty: ____

Frame (V2020) : Brand : ____ Eye/DBL /Tmp ____

Name ____ Color ____ Style ____

Lens Type: SV (V2100-V2103) digital SV BF (V2200) TF (V2300)

PAL (V2781) : ____ Seg Ht ____ OC Ht ____

Material: CR-39 PCB (V2784) Trivex (V2782) Hi Index (V2783) 1.67 1.74 Glass

Add on: AR (V2750): Standard / BLUE **Crizal:** Easy Rock Sapphire Provencia

UV (V2755) Scratch (V2760) Polarize (V2762) Photochromic (V2744) ____

Tint: Mirror (V2761) Solid / Gradient Color (V2745): ____

MOUNT (V2799) : Mtl / Zyl Semi Remi Drill Wrap Other : ____

Addition: Aspheric Prism (V2715) Slab-off (V2710) Oversize (V2780) Polish (V2799)

OTHER: □ WARRANTY □ UPGRADE □ CL REBATE

EXAM - VSP

CL FIT - PP

Additional : DRP (92250) / CL Supplies / Office Visit : ____

Insurance Allowance / Discount / Other: ____ ____

X Visa □ MC □ Discover

□ Amex □ Debit □ Cash □ Care Credit

	U & C	Pt Pays
SubTotal		
Tax		
Exam: Glasses	175	10
Exam : CL Fitting	75	75
Material Copay		
Total		85
Patient Paid		85
Balance		0

Office Use

Lab: ____ **Date Sent:** ____ **Int:** ____

Date Rec./Ck In: ____ **Int:** ____

Date Patient Notified: ____ **Int:** ____

Patient acknowledge received Cash / Credit refund of $____

X ____

Patient acknowledge to have RECEIVE a copy of their CONTACT LENS RX

X ____

X [redacted]

Patient Acknowledges Explanation of Fees

X ____

Acknowledge pick up of materials and has confirmed that it is free from scratches & damages. Patient also acknowledge explanation of Return Policy.

[redacted] 4/22/2026 2:11:23 PM PAGE 1/002 Fax Server

vsp

DATE: Wednesday, April 22, 2026
TIME: 2:10:24 PM

TO:

FAX NUMBER: [redacted]

FROM: noreply@vsp.com
PAGES: 02 (including this page)

COMMENTS: Fax for Authorization requested by Doctor

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* This auth. couldn't be back dated to 04/06 for date of service since auth. was made effective 04/22.

* Called to get new auth. #'s for services on 04/06 (CL Fit + Mat).

VSP Rep. Devon auth. new authorizations:
Auth. 96006000 - CL FIT EXAM BENEFIT
Auth. 96005907 - CONTACT LENS MATERIALS

PATIENT IDENTIFICATION

Patient Name: [redacted]
Relationship: Member
Member Name: [redacted]

Auth # : 95412943
Auth Eff Date: 04/22/2026
Auth Exp Date: 05/22/2026
Birth Date: [redacted]

PATIENT COVERAGE

Benefit: VSP Choice Plan

Eligibility:	Exam	Yes	
	Lens	Yes	
	Frame	01/01/2027	
	Contact Lens	Yes	
	Contact Lens Service	Yes	
Copays:	Exam	$10.00	01/01/2027
	Material	$15.00	01/01/2027
	Contact Lens Exam	$60.00	
Allowances:	Wholesale Frame	$96.00	
	Retail Frame	$250.00	
	Contacts (ECL)	$250.00	

Please refer to the Patient Record Report on Eyefinity.com for additional benefit information

VSP PATIENT RECORD REPORT

PATIENT IDENTIFICATION

Patient Name [redacted]
Relationship **Member**
Member Name [redacted]

Auth# **95412943**
Auth Eff Date **04/22/2026** ← Could not use this authorization to bill CL
Auth Exp Date **05/22/2026**
Birth Date [redacted]

EYE HEALTH MANAGEMENT CONDITIONS (check all that apply)

SYSTEMIC CONDITIONS: ☐ High Risk for Prediabetes ☐ Diabetes ☐ Hypertension ☐ High Cholesterol

OCULAR CONDITIONS: ☐ Diabetic Retinopathy ☐ Glaucoma ☐ AMD ☐ None of these 7 conditions

☐ Dilation Performed ☐ PCP Communication Completed/Planned

PATIENT HISTORY *VSP has not independently verified this data from outside sources and cannot guarantee its accuracy.*

Last WellVision Exam 04/06/2026 **Dilation Indicated** No **PCP Communication Indicated** No

Reported Conditions None Reported

Diagnosis Codes H52.13 H52.223

PATIENT COVERAGE

Eligibility	Exam/ProfSvcs ***YES***	Lens ***YES***	Frame ***01/01/2027***	Contact Lens Exam ***YES***	Contacts ***YES***
Service Freq	Exam *Every year beginning in January.*	Lens *Every year beginning in January.*	Frame *Every year beginning in January.*	Contact Lens Exam *Every year beginning in January.*	Contacts *Every year beginning in January.*

Benefit *VSP Choice Plan* **Client Name** [redacted] *Enhanced Plan*

Network *Choice* **Lab Use** *Must use plan designated contract laboratory.*

Essential Medical Eye Care Exam Copay *$20.00*

Patients with diabetes (without diabetic eye disease) receive covered-in-full retinal screening. Patients with diabetes, glaucoma, or AMD may be eligible for additional exams and services. All patients may be eligible for medical eyecare services for non-chronic conditions. Criteria applies, see VSP Manual.

PLAN DETAILS

Co-payments Exam ***$10.00 01/01/2027*** Material ***$15.00 01/01/2027***

Routine Retinal Screening *Charge the lesser of $39.00 or U&C*

Frame Allowance *WFA115 $300.00 for Altair/Marchon frames. Patient receives 20% savings on frame overage.*
WFA96 $250.00 for non-Altair/Marchon frames. Patient receives 20% savings on frame overage.

Contacts *Routine eye exam covered.*

CL Exam Services *Charge the lesser of $60 copay or 85% U&C.*

CL Materials *$250.00*

Contacts are instead of spectacle lenses. If contacts chosen, patient is eligible for a frame.

Necessary Contact Lenses *Criteria applies; see VSP Manual. Copay $15.00.*

Low Vision *Criteria Applies see VSP Manual.*

Value Added Benefits *40% off complete additional pair of prescription glasses, including lens enhancements, within 12 months from the same VSP doctor who performed routine exam.*

20% complete additional pair of glasses, including non-prescription plano sunglasses and blue light filtering glasses, from a VSP doctor within 12 months of routine exam.

15% contact lens exam services from a VSP doctor for 12 months on or following date of routine exam.

LENS ENHANCEMENT DETAILS (SEE LENS ENHANCEMENT CHARGES TAB)

Covered	**Covered with Additional Copay**	**Covered with Additional Copay**
Solid Tints and Plastic Dyes (Pink I & II)	*High Index*	*Polycarbonate*
Standard Progressives	*Light Filter*	*Premium Progressives*
Covered with Additional Copay	*Mirror/Ski Type Coating*	*Rimless Drill*
Anti-Reflective Coatings	*Near Variable Focus*	*Scratch Resistant Coatings*
Aspheric (plastic & digital)	*Oversize Lenses*	*UV Protection*
Blended Bifocal	*Photochromics*	
Custom Progressives (includes Custom Measurements)	*Plastic Dyes (Gradient)*	
Edge Treatments	*Plastic Dyes (Solid color except Pink I & II)*	

VSP PATIENT RECORD REPORT

PATIENT IDENTIFICATION

Patient Name [redacted]
Relationship **Member**
Member Name [redacted]

Auth# **96006000**
Auth Eff Date **04/06/2026**
Auth Exp Date **05/06/2026**
Birth Date [redacted]

EYE HEALTH MANAGEMENT CONDITIONS (check all that apply)

SYSTEMIC CONDITIONS: ☐ High Risk for Prediabetes ☐ Diabetes ☐ Hypertension ☐ High Cholesterol

OCULAR CONDITIONS: ☐ Diabetic Retinopathy ☐ Glaucoma ☐ AMD ☐ None of these 7 conditions

☐ Dilation Performed ☐ PCP Communication Completed/Planned

PATIENT HISTORY *VSP has not independently verified this data from outside sources and cannot guarantee its accuracy.*

Last WellVision Exam 04/06/2026 **Dilation Indicated** No **PCP Communication Indicated** No

Reported Conditions None Reported

Diagnosis Codes H52.13 H52.223

PATIENT COVERAGE

Eligibility Exam/ProfSvcs ***01/01/2027*** Lens ***01/01/2027*** Frame ***01/01/2027*** Contact Lens Exam ***YES*** Contacts ***01/01/2027***

Service Freq Exam *Every year beginning in January.* Lens *Every year beginning in January.* Frame *Every year beginning in January.* Contact Lens Exam *Every year beginning in January.* Contacts *Every year beginning in January.*

Benefit *VSP Choice Plan* **Client Name** [redacted] *Enhanced Plan*

billed CL fit for 04/06/26

Network *Choice* **Lab Use** *Must use plan designated contract laboratory.*

Essential Medical Eye Care Exam Copay *$20.00*

Patients with diabetes (without diabetic eye disease) receive covered-in-full retinal screening. Patients with diabetes, glaucoma, or AMD may be eligible for additional exams and services. All patients may be eligible for medical eyecare services for non-chronic conditions. Criteria applies, see VSP Manual.

PLAN DETAILS

Co-payments Exam ***$10.00 01/01/2027*** Material ***$15.00 01/01/2027***

Routine Retinal Screening *Charge the lesser of $39.00 or U&C*

Frame Allowance *WFA115 $300.00 for Altair/Marchon frames. Patient receives 20% savings on frame overage.*

WFA96 $250.00 for non-Altair/Marchon frames. Patient receives 20% savings on frame overage.

Contacts *Routine eye exam covered.*

CL Exam Services *Charge the lesser of $60 copay or 85% U&C.*

CL Materials *$250.00*

Contacts are instead of spectacle lenses. If contacts chosen, patient is eligible for a frame.

Necessary Contact Lenses *Criteria applies; see VSP Manual. Copay $15.00.*

Low Vision *Criteria Applies see VSP Manual.*

Value Added Benefits *40% off complete additional pair of prescription glasses, including lens enhancements, within 12 months from the same VSP doctor who performed routine exam.*

20% complete additional pair of glasses, including non-prescription plano sunglasses and blue light filtering glasses, from a VSP doctor within 12 months of routine exam.

15% contact lens exam services from a VSP doctor for 12 months on or following date of routine exam.

LENS ENHANCEMENT DETAILS (SEE LENS ENHANCEMENT CHARGES TAB)

Covered	Covered with Additional Copay	Covered with Additional Copay
Solid Tints and Plastic Dyes (Pink I & II)	*High Index*	*Polycarbonate*
Standard Progressives	*Light Filter*	*Premium Progressives*
Covered with Additional Copay	*Mirror/Ski Type Coating*	*Rimless Drill*
Anti-Reflective Coatings	*Near Variable Focus*	*Scratch Resistant Coatings*
Aspheric (plastic & digital)	*Oversize Lenses*	*UV Protection*
Blended Bifocal	*Photochromics*	
Custom Progressives (includes Custom Measurements)	*Plastic Dyes (Gradient)*	
Edge Treatments	*Plastic Dyes (Solid color except Pink I & II)*	

Patient Name : [redacted] DOB: [redacted]

Telephone: [redacted] Date of Service: 04/06/2026

PD: (Far) ____/____ (Near) ____/____ Date of Material Order: ____

' ': VSP / Private Pay Date of Pick Up : ____

RX	Sphere	Cyl	Axis	Prism	Add
OD					
OS					

CLRX	Sphere	Cyl	Axis	BC/Dia	CT / Color/Add
OD					
OS					

RX For: ☐ All Distance ☐ Distance ONLY ☐ Reading ONLY ☐ Occupational/Comp

Contacts (S0500): Brand: ____ Qty: ____

Frame (V2020) : Brand : ____ Eye/DBL /Tmp ____

Name ____ Color ____ Style ____

Lens Type: SV (V2100-V2103) digital SV BF (V2200) TF (V2300)

PAL (V2781) : ____ Seg Ht ____ OC Ht ____

Material: CR-39 PCB (V2784) Trivex (V2782) Hi Index (V2783) 1.67 1.74 Glass

Add on: AR (V2750): Standard / BLUE **Crizal:** Easy Rock Sapphire Provencia

UV (V2755) Scratch (V2760) Polarize (V2762) Photochromic (V2744) ____

Tint: Mirror (V2761) Solid / Gradient Color (V2745): ____

M INT (V2799) : Mtl / Zyl Semi Remi Drill Wrap Other : ____

Addition: Aspheric Prism (V2715) Slab-off (V2710) Oversize (V2780) Polish (V2799)

OTHER: ☐ WARRANTY ☐ UPGRADE ☐ CL REBATE

PT HAD PAID PP FOR CL FIT ($75);
VSP BENEFIT AVAILABLE FOR CL FIT
GIVEN $60 COPAY. PT DUE REFUND
$15 FOR DIFFERENCE.

	U & C	Pt Pays
SubTotal		
Tax		
Exam: Glasses		
Exam : CL Fitting		
Material Copay		
Additional : DRP (92250) / CL Supplies / Office Visit :		
Insurance Allowance / Discount / Other:		
Total		
Patient Paid		
Balance		

☒ Visa ☐ MC ☐ Discover

☐ Amex ☐ Debit ☐ Cash ☐ Care Credit

Office Use

Lab: ____ Date Sent: ____ Int: ____

Date Rec./Ck In: ____ Int: ____

Date Patient Notified: ____ Int: ____

Patient acknowledge received Cash / Credit refund of $ 15.00 (VISA)

X ____

Patient acknowledge to have RECEIVE a copy of their CONTACT LENS RX

X [redacted]

X ____

Patient Acknowledges Explanation of Fees

X ____

Acknowledge pick up of materials and has confirmed that it is free from scratches & damages. Patient also acknowledge explanation of Return Policy.

VSP PATIENT RECORD REPORT

PATIENT IDENTIFICATION

Patient Name [redacted]
Relationship M
Member Name [redacted]

Auth# **96005907**
Auth Eff Date **04/06/2026**
Auth Exp Date **05/06/2026**
Birth Date [redacted]

EYE HEALTH MANAGEMENT CONDITIONS (check all that apply)

SYSTEMIC CONDITIONS: ☐ High Risk for Prediabetes ☐ Diabetes ☐ Hypertension ☐ High Cholesterol

OCULAR CONDITIONS: ☐ Diabetic Retinopathy ☐ Glaucoma ☐ AMD ☐ None of these 7 conditions

☐ Dilation Performed ☐ PCP Communication Completed/Planned

PATIENT HISTORY *VSP has not independently verified this data from outside sources and cannot guarantee its accuracy.*

Last WellVision Exam 04/06/2026 **Dilation Indicated** No **PCP Communication Indicated** No

Reported Conditions None Reported

Diagnosis Codes H52.13 H52.223

PATIENT COVERAGE

Eligibility	Exam/ProfSvcs ***01/01/2027***	Lens ***YES***	Frame ***01/01/2027***	Contact Lens Exam ***N/A***	Contacts ***YES***
Service Freq	Exam *Every year beginning in January.*	Lens *Every year beginning in January.*	Frame *Every year beginning in January.*	Contact Lens Exam *Every year beginning in January.*	Contacts *Every year beginning in January.*

Benefit *VSP Choice Plan* **Client Name** [redacted] *Enhanced Plan*
Network *Choice* **Lab Use** *Must use plan designated contract laboratory.*

billed cl mat for 04/06/26

Essential Medical Eye Care Exam Copay ***$20.00***

Patients with diabetes (without diabetic eye disease) receive covered-in-full retinal screening. Patients with diabetes, glaucoma, or AMD may be eligible for additional exams and services. All patients may be eligible for medical eyecare services for non-chronic conditions. Criteria applies, see VSP Manual.

PLAN DETAILS

Co-payments Exam ***$10.00 01/01/2027*** Material ***$15.00***

Routine Retinal Screening *Charge the lesser of $39.00 or U&C*

Frame Allowance *WFA115 $300.00 for Altair/Marchon frames. Patient receives 20% savings on frame overage.*

WFA96 $250.00 for non-Altair/Marchon frames. Patient receives 20% savings on frame overage.

Contacts *Routine eye exam covered.*

CL Exam Services *Charge the lesser of $60 copay or 85% U&C.*

CL Materials *$250.00*

Contacts are instead of spectacle lenses. If contacts chosen, patient is eligible for a frame.

Necessary Contact Lenses *Criteria applies; see VSP Manual. Copay $15.00.*

Low Vision *Criteria Applies see VSP Manual.*

Value Added Benefits *40% off complete additional pair of prescription glasses, including lens enhancements, within 12 months from the same VSP doctor who performed routine exam.*

20% complete additional pair of glasses, including non-prescription plano sunglasses and blue light filtering glasses, from a VSP doctor within 12 months of routine exam.

15% contact lens exam services from a VSP doctor for 12 months on or following date of routine exam.

LENS ENHANCEMENT DETAILS (SEE LENS ENHANCEMENT CHARGES TAB)

Covered	**Covered with Additional Copay**	**Covered with Additional Copay**
Solid Tints and Plastic Dyes (Pink I & II)	*High Index*	*Polycarbonate*
Standard Progressives	*Light Filter*	*Premium Progressives*
Covered with Additional Copay	*Mirror/Ski Type Coating*	*Rimless Drill*
Anti-Reflective Coatings	*Near Variable Focus*	*Scratch Resistant Coatings*
Aspheric (plastic & digital)	*Oversize Lenses*	*UV Protection*
Blended Bifocal	*Photochromics*	
Custom Progressives (includes Custom Measurements)	*Plastic Dyes (Gradient)*	
Edge Treatments	*Plastic Dyes (Solid color except Pink I & II)*	

Patient Name : [redacted] DOB: [redacted]

Telephone: [redacted] Date of Service: 04/04/2024

PD: (Far) ____/____ (Near) ____/____ Date of Material Order: 05/04/2026

: VSP / Private Pay Date of Pick Up : 05/11/2026

RX	Sphere	Cyl	Axis	Prism	Add
OD					
OS					

CLRX	Sphere	Cyl	Axis	BC/Dia	CT / Color/Add
OD	-5.50	-1.25	010	8.5	
OS	-5.50	-1.25	170	/14.3	

RX For: □ All Distance □ Distance ONLY □ Reading ONLY □ Occupational/Comp

Contacts (S0500): Brand: AV 09SYS 1 DAY Astig-Hydrg- (90PK) Qty: 2 boxes

Frame (V2020) : Brand : _____ Eye/DBL /Tmp_____

Name_____ Color_____ Style_____

Lens Type: SV (V2100-V2103) digital SV BF (V2200) TF (V2300)

PAL (V2781) : _____ Seg Ht _____ OC Ht _____

Material: CR-39 PCB (V2784) Trivex (V2782) Hi Index (V2783) 1.67 1.74 Glass

Add on: AR (V2750): Standard / BLUE **Crizal:** Easy Rock Sapphire Provencia

UV (V2755) Scratch (V2760) Polarize (V2762) Photochromic (V2744) _____

Tint: Mirror (V2761) Solid / Gradient Color (V2745): _____

I INT (V2799) : Mtl / Zyl Semi Remi Drill Wrap Other : _____

Addition: Aspheric Prism (V2715) Slab-off (V2710) Oversize (V2780) Polish (V2799)

OTHER: □ WARRANTY □ UPGRADE □ CL REBATE

_____

_____

_____

_____

_____

Additional : DRP (92250) / CL Supplies / Office Visit : _____

Insurance Allowance / Discount / Other: -$250

□ Visa □ MC □ Discover

□ Amex □ Debit □ Cash □ Care Credit

	U & C	Pt Pays
	238.50	0
SubTotal	238.50	0
Tax		19.97
Exam: Glasses		
Exam : CL Fitting		
Material Copay		
Total		19.97
Patient Paid		19.97
Balance		0

Office Use

Lab: ~~OS~~ ABB Date Sent: 05/04/2026 Int: mm

Date Rec./Ck In: 05/08/2026 Int: LR

Date Patient Notified: 05/08/2026 Int: LR

Patient acknowledge received Cash / Credit refund of $_____

X _____

Patient acknowledge to have RECEIVE a copy of their CONTACT LENS RX

X _____

[redacted]

Patient Acknowledges Explanation of Fees

[redacted]

Acknowledge pick up of materials and has confirmed that it is free from scratches & damages. Patient also acknowledge explanation of Return Policy.

[redacted]

04-22-2026 10:46

TPN: [redacted]

SALE

TRANS #: 1 BATCH #: 015

[redacted]

Base Amt:		**$19.97**
RESP:	APPROVED	00
CODE:	APPROVED	032106
REF #:		[redacted]
TRANSID:		

Cardholder acknowledges receipt of goods and obligations set forth by the cardholder's agreement with issuer.

Signature

[redacted]

Merchant Copy