

# **Materials for Item No. 5**

STATE OF NEVADA

JOE LOMBARDO  
Governor



DR. KRISTOPHER SANCHEZ  
*Director*

PERRY FAIGIN  
NIKKI HAAG  
MARCEL F. SCHAEERER  
*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  
December 10, 2025

1. **Call to Order.** Director Schneider opened the live meeting at 12:05p.m.
2. **Roll Call and statement of purpose to protect public health and safety and the general welfare of the people of this State.** Board members Sally Balecha, Mariah Smith, O.D., Jeffrey Austin, O.D., Dan Lyons, O.D., and Julie Alamo-Leon, O.D. were present via Zoom. Quorum established. Executive Director Schneider present at Nevada Business Center Tahoe Room 3300 W. Sahara Ave., 4<sup>th</sup> Floor Las Vegas, Nevada 89102.<sup>1</sup>
3. **Public Comment.** Director Schneider invited public comment 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 October 30, 2025 Board Meeting Minutes for: 1) Regular Meeting; 2) Notice of Intent to Take Action on Regulation re R049-25.** Director Schneider confirmed all present Board members had an opportunity to review the drafts, and stated that page 5 of the 86 page meeting materials packet of the regular meeting's draft Minutes regarding the summary of the Complaint 26-03 discussion would be changed to reflect Retina 1 and Retina 2 and not Anterior Seg and Anterior Seg 2. Noting Director Schneider's future changes, Dr. Smith moved to accept all proposed Minutes. Public Member Balecha seconded. Motion passed unanimously.
5. **Action Item. Consideration and approval of FY2024-2025 Audit.** Director Schneider informed the Board that this audit, which the Board paid Casey Neilson to do so, has different numbers than the prior audit due to the differences in renewal years versus non-renewal years and the Board in non-renewal years lives off of the capital obtained during renewal years. Director Schneider stated he has been in touch the auditor on the Board's status relative to past years, and summarized that investment revenue is up, operational costs are down, and for the first time in many cycles the Board has no material deficiencies needing to be reported to LCB's audit division although the Board's accounting services need to be contacted about calculations of deferred compensations. The Board's approval for increased accounting services has worked,

<sup>1</sup> This occurred immediately after the conclusion of the Board's Notice of Intent to Take Action on Regulation R056-25 on the same day, whose Zoom information and physical location are identical.

and has provided the Board with more accurate fiscal information than in years prior to 2023. Director Schneider stated if no further discussion, then a motion is needed so the audit can be supplied to LCB's audit division. Dr Smith moved to accept. Dr. Alamo seconded. Motion passed unanimously.

**6. Action Item. Complaint 26-03 with supplemental information.** Director Schneider reminded the Board this is a continuation from the 10/2025 Agenda, that Dr. Lyons has recused, directed the Board to the 10/2025 Minutes for the summary which the Board had just approved, that as to Licensee 1's supplemental statement Licensee 1 advised that Tropicamide 1% was used for the mydriatic drop. Director Schneider asked the Board what it wants to do, be it involving the Attorney General for potential prosecution based upon their own evaluation for possible formal charging document/Complaint, or an administrative fine or otherwise.

Dr. Smith commented this would not fall into the administrative fine category, and that this should be referred to the DAG for further investigation. Dr. Austin agreed. The patient had a poor outcome although where it is difficult to say right now is if the optometrist is responsible for that and that further investigation is justified.

Director Schneider inquired into what else the Board wanted to investigate in light of the information already obtained, and that the question before the Board is does the Board want to refer this to the DAG. Dr. Smith commented the Licensee admitted to no VAs or IOPs which would not be the standard of care, so no further investigation is needed in that sense. Director Schneider answered Dr. Smith's question on next steps, and the process for how the DAG assesses a case and chooses to create a charging document or not and for what causes of action based upon his review of the evidence. Director Schneider speculated the causes of action based upon the Board's provided analysis could include one for clinical conduct and one for documentation but he could not guarantee anything for how the DAG assesses the evidence for any specific cause of action or any causes of action at all. The DAG would then advise the Board of negotiations with the Licensee and potential settlement, or alternatively a full administrative trial. Director Schneider reminded the Board that should this matter reach the disciplinary or sentencing phase, the Board just voted to approve R056-25 inclusive of disciplinary factors and mitigating factors. Dr. Alamo agreed to refer.

Dr. Smith moved to refer this matter to the DAG for evaluation and potential prosecution. Dr. Austin seconded. Motion passed 4-0.

Director Schneider answered Dr. Austin's question about inquiring into the two retina surgeons and summarized his efforts to obtain information including phone calls and emails, but that his jurisdiction is limited upon non-licensees. Retina OMD 1 has not replied. Retina OMD 2 is on family medical leave. Director Schneider will continue to seek that information to pass along to the DAG.

**7. Action Item. Complaint 26-09.** Director Schneider stated this complaint is about Licensee 1 diagnosing cataracts but Licensee 2 not diagnosing cataracts and the patient believing that Licensee 1 made a misdiagnosis. Director Schneider provided a clinical summary as follows-Patient, age 60, is examined by Licensee 1 and diagnosed with mild cataracts, correctable to 20/20 OD OS OU and provided a spectacle Rx. A year later, Patient goes to Licensee 2 who does not diagnose cataracts. Presenting distance VAs cc 20/20 OD OS OU, near 20/25. Patient gets new spectacle Rx and (per patient) was told presenting Rx was too strong. Patient has accused Licensee 1 of: 1) misdiagnosis of cataracts; and therefore 2) incorrect glasses prescription.

Dr. Smith noted no professional misconduct in her opinion, that no harm was created, and that Licensee 1 was gracious to offer a re-do. Dr. Lyons commented that Licensee 1 did everything the right way. Dr. Alamo noted no vision changes, the diagnosis of mild cataracts or not depends on the doctor, and no reason to believe that Licensee 1 misdiagnosed the patient. Dr. Austin agreed and that very likely a patient of this age had cataracts but that maybe it was not visually significant cataract, and that no harm occurred upon the patient. Dr. Smith commented there is a level of subjectivity when it comes cataracts diagnoses. Dr. Austin agreed. Director Schneider inquired into medical literature and Dr. Austin responded that patients of that age start to develop cataracts at ages 40-50, but Dr. Smith felt it to be irrelevant for the patient's allegations or the Board's disposition for this matter.

Dr. Smith moved to close the investigation with no further action. Dr. Austin seconded. Motion passed unanimously.

**8. Action Item. Licensee inquiry re FDA-approved Epioxa.** Director Schneider stated this item comes from a licensee who wants to know if this is within a Nevada optometrist's scope. Director Schneider directed the Board to the materials including some online research from the Optometry Times and a survey of what States are doing on it even if those States' laws are not similar to Nevada's. Director Schneider reminded the Board about its past rulings on RF and IPL rulings going from tragus to tragus.

Dr. Smith commented there is nothing in the laws to prohibit this usage but like anything else the optometrist must have competency in the treatment to use it. Dr. Alamo agreed. Dr. Lyons agreed. Dr. Austin commented the statutes would have to be amended every six months if the Board is to list out every time new treatments become FDA approved and found to be in a Nevada optometrist's scope. Dr. Austin commented about the company Glaukos that it got keratoconus to be changed to a rare disease and thus the drug has been classified as an orphan drug with prices going from \$400 to \$600 to \$800 to \$2500 to \$50,000 per eye, and there are talks for \$75,000 per eye. Dr. Lyons agreed that was his understanding as well.

Dr. Smith moved for Director Schneider to advise the licensee about the Board's position that it would be within the scope but the licensee must have the proper training in it in order to use it. Dr. Alamo seconded. Motion passed unanimously.

**9. Action Item. NRS 636.347(2) (permit required for professional association with health maintenance organization)** Director Schneider stated this item was anticipatory when he noticed the statute says the licensee is to submit a form approved by the Board but the Board does not have a form, and asked the Board for its working knowledge on HMOs and things that the licensee needs to tell the Board before the licensee goes to work for the HMO. Dr. Austin commented this statute likely arose to ensure for the Board that the licensee was not working for a medical group that was not an HMO entity, and an affidavit should be created for that effect. Dr. Smith qualified that this information does not necessarily need to be on the form, but something that could be asked is that the optometrist owns the records should an issue come up and the licensee being able to respond to a records request. Colloquy on if such a question was proper upon HMOs when they are the employer of the hypothetical licensee, which segues back to prior meetings and discussions of lack of jurisdiction over non-licensees and loop holes. Dr. Alamo inquired into what the licensee's affidavit should include. Dr. Austin answered that this statute likely dated back to when Judi Kennedy was the executive director and the intent was to distinguish between non-HMO entities still not being able to employ licensees. Dr. Smith asked if the burden for the form is on the licensee, which Drs. Austin and Alamo agreed.

Colloquy on the HMO's NPI number and locations to be included in the form, and potential other information specific to the HMO proving it is a bona fide HMO. Dr. Smith suggested adding who would the records requests be sent to as a way for the Board to obtain such records. Dr. Alamo inquired what other States' laws allow in terms of HMO employment, which Director Schneider responded he could inquire into ARBO. Dr. Alamo commented this would be in the best interests of public safety for the Board to ensure that it can access patient records.

Dr. Smith moved for Director Schneider to create the form consistent with the Board's discussion and to inquire into other State Boards for possible incorporation into the Board's form. Dr. Alamo seconded. Motion passed unanimously.

**10. Action Item. R101-24(5) (optometric telemedicine licensee requirements) versus NRS 636.346 (supervision of authorized activities of assistants; conduct of final eye examination of patient).** Director Schneider noted this is a telemedicine business plan question ,and how much is allowed for the optometric assistant in the performance of telemedicine when evaluating the statute with the regulation in conjunction. Director Schneider stated as is customary for telehealth inquiries, the Board has to review these questions from the perspective of the good faith OD who is trying to use telehealth legally versus the bad actor OD or corporation trying to find loop holes to the law, and commended the law firm for seeking permission up front versus forgiveness post hac. Director Schneider noted the meeting materials include the Board's discussion from 1/2024 which led to the creation of R101-24(5).

Dr. Smith commented that the Board always tries to anticipate all questions in the future, and the Board engaged in hours of meetings on the topic, and knows what the intent was at that time nearly two years ago and the business plan would not be permissible. Another permissible way was the licensee's partner could perform a non-comprehensive exam if they had the records in hand contemporaneously. The 2019 discussions would not have contemplated synchronous telemedicine because it was not available at the time, but there was discussion as to what it means to provide "direct supervision."

Dr. Austin agreed with the summary, and stated "direct supervision" is unfortunately nebulous, e.g., is it in-person direct supervision or the supervising person directing that activity. The Board had decided that in the Board' context the licensee did not need to be in-person so long as the licensee directed the activity. A new patient is not eligible for comprehensive examination via telemedicine, and instead there must be past optometric records and information from the past two years.

Director Schneider posed a question can another licensee perform telemedicine on a new patient to the licensee if the licensee had the patient's records from an unaffiliated licensee, e.g., six months prior, or is the statute limited to the licensee who performs the in-person examination and then only himself or herself can avail themselves to telehealth upon the same patient within the past two years. Dr. Smith answered that the intent was both the original licensee and the partner of the licensee who would have access to their own practice's records. But a bad player would classify a partner as having thousands of partners because they independently contract for a large corporation, which would not be the Board's intent. Director Schneider noted R101-24(5) by itself is clear that the licensee has to perform the manifest refraction. But the issue from the business plan being proposed is how does the supervision statute interconnect when the optometric assistant is allowed to do any number of things so long as the licensee performs or conducts the final examination before the patient is discharged. Dr. Smith noted the language is "performs" as opposed to "reviews or approves." The refraction could not be performed solely by the optometric assistant.

Director Schneider inquired of Dr. Lyons' experience, and who commented about encountering issues with 1-800-Contacts, and that the statute NRS 636.394(2) saying "the" licensee and not "a" licensee performing the comprehensive examination and that even the licensee's partner would not be eligible to perform a comprehensive exam unless it was a non-comprehensive exam. Dr. Austing agreed about .394(2) stating "the licensee," and it was the intent of the Board that "the licensee" has to personally lay hands on the phoropter and perform the final refraction. Dr. Lyons noted the law firm's proposal chose to use the word "a" which is very different from "the." Dr. Alamo agreed with Director Schneider's proposal to create a draft for the Board's approval at the 1/2026 meeting consistent with the Board's discussion.

Dr. Smith moved for Director Schneider to create a letter for the Board's approval at the 1/2026 meeting consistent with the Board's discussion. Dr. Lyons seconded. Motion passed unanimously.

**11. Action Item. Insurance panels statuses for 2028-2030 renewal applications.** Director Schneider noted that other Boards ask of their licensees if they have been involuntarily removed from any health insurance panels and this Board does not, but does the Board want to add this question for the next renewal cycle application.

Dr. Smith stated it should be asked, regardless if it overlaps. Drs. Lyons and Austin inquired into the questions' purpose when Drs. Lyons and Alamo noted that an insurance company can drop a licensee for any reason. Dr. Smith noted a past incident where a licensee had to pay back hundreds of thousands of dollars to VSP due to fraudulent billing and yet that licensee had no Board penalty. Dr. Alamo discussed her experience and understanding with Culinary of providers being dropped with no reflection on the providers' performance, and a possible question could be whether the licensee violated the insurance contract via patient care and dropped as a panel provider since the prior renewal submission. This item will be tabled to the next session where Director Schneider will pose proposed questions on the topic for the 2028-2030 renewal application.

**12. Executive Director update re ARBO End-of-Year webinar.** Director Schneider attended ARBO's end of year webinar and summarized the same as follows:

OE Tracker usage and simplicity, Montana and West Virginia have lasers in their scope now, Minnesota can now perform minor eyelid procedures. The recent theme is that rural States tend to have scope expansion in the interests of lack of access to healthcare compared to more populous States;

national telehealth issues like the need for informed consent for a remote exam upon making the appointment, some States require initial in-person examinations before eligible for telehealth, some require the assistants to be AOA or JCAHPO certified, some require the licensee to have a physical in-state location;

Board lawsuits where the licensee works for the OMD and thus the State's OD laws allegedly don't apply;

Stanton Optical and My Eyelab lawsuits regarding improper licensure and compliance and fraudulent billing codes for exams not actually performed;

West Virginia OMDs sued the West Virginia OD Board for deviations on the rule making process and even though it was moot based upon their scope expansion the OMDs still pursued the lawsuit; and

**13. Executive Director update re Complaint 24-12.** Director Schneider reminded the Board about the facts and circumstances of Complaint 24-12 and that Board referred the matter to the Board of Medical Examiners (BME) and that if the BME found wrongdoing the Board would re-open this matter. Director Schneider confirmed with the BME that it received this Board's referral and that the BME closed their investigation upon the OMD without any further action. Thus 24-12 will remain closed per the Board's prior vote.

**14. Executive Director update re Attorney General fees increase and workers compensation increase.** Director Schneider made the Board aware of two increases:

DAG fees have increased to \$250/hour from approximately \$150/hour or even less; and

The State has mandated Boards obtain workers compensation through the State per NRS 331, regardless if Boards can obtain better rates through the private sector. Thus the Board's rate will increase from approximately \$550 to \$1300. Dr. Alamo as treasurer is aware.

**15. Executive Director update re license renewals.** Director Schneider apprised the Board of the renewal status and that approximately 60 renewals have occurred thus far constituting approximately 10% of anticipated license renewals to be received.

**16. Action Item. Proposed items for future Board meetings.** Director Schneider asked about any 1/2026 items. None proposed.

**17. Public Comment.** Director Schneider invited public comment. No public comments received.

**18. Action Item. Adjournment.** President Smith moved to adjourn. Dr. Alamo seconded. Motion passed unanimously. Adjournment occurred at 1:15p.m.

9 persons attended virtually, inclusive of five Board members. 1 person attended in-person, inclusive of the Executive Director. No role call conducted or sign-in sheets provided.

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#### FY 2025-2026 Regular meeting schedule

Wednesday 12/10/2025 12:00p.m. (pst) Reg. Bd. Meeting- phone, Zoom, in-person  
Thursday 1/22/2026 12:00p.m. (pst) Reg. Bd. Meeting- phone or Zoom  
Thursday 3/12/2026 12:00p.m. (pst) Reg. Bd. Meeting- phone or Zoom  
Thursday 4/23/2026 12:00p.m. (pst) Reg. Bd. Meeting- phone or Zoom  
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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These minutes were considered and approved by majority vote of the Nevada State Board of Optometry at its meeting on January 22, 2026.

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Adam Schneider, Executive Director

STATE OF NEVADA

JOE LOMBARDO  
Governor



DR. KRISTOPHER SANCHEZ  
*Director*

PERRY FAIGIN  
NIKKI HAAG  
MARCEL F. SCHAEERER  
*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  
NOTICE OF INTENT TO TAKE ACTION ON REGULATION  
**R056-25**  
December 10, 2025

1. **Action Item 1. Roll Call, Call to Order.** Director Schneider opened the live meeting at 12:00p.m. Board members Sally Balecha, Mariah Smith, O.D., Jeffrey Austin, O.D., Dan Lyons, O.D., and Julie Alamo-Leon, O.D. were present via Zoom. Quorum established. Executive Director Schneider present at Nevada Business Center Tahoe Room 3300 W. Sahara Ave., 4<sup>th</sup> Floor Las Vegas, Nevada 89102.

2. **Public Comment.** Director Schneider invited public comment, 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.

3. **Action Item. Notice of Intent to Take Action Upon Regulation R049-25.** Director Schneider reminded the Board that these are based on the 9/2025 workshop, LCB's 11/2025 draft and two proposed revisions, and that there are four sections within R056-25:

R056-25(2) is the regulation associated with AB183(3) regarding summary suspensions of a license by the Board. A proposed revision is that service of process can be upon a licensee's counsel, and not just the licensee.

R056-25(3) is the regulation associated with NRS 636.325 regarding disciplinary actions and factors to be considered in imposing disciplinary sanctions. The proposed regulation is functionally identical to Nevada Supreme Court Rule 102.5 pertaining to disciplinary actions and sanctions upon Nevada-licensed attorneys.

R056-25(4) is the regulation to modify NAC 636.280 associated with AB183(10) regarding requirements for certifications to treat glaucoma. This represents a conforming change to AB183(10) which governs the same topic of glaucoma certification and the process in which licensees obtain such a certification. A proposed revision is allowing as an option the legal equivalent of an affidavit in the form of a declaration per NRS 53.045.

R056-25(5) is the regulation to modify NAC 626.730 associated with AB183(9) regarding certifications to administer and prescribe therapeutic pharmaceutical agents. This represents a conforming change to AB183(9) which governs the same topic of pharmaceutical agents and the process in which licensees obtain such a certification.

Director Schneider stated that if the Board has no other debate about the language inclusive of the two proposed revisions, then a motion needs to occur to provide to LCB. Dr. Smith moved to accept with the two proposed revisions. Dr. Austin seconded. Motion passed unanimously.

**4. Public Comment.** Director Schneider invited public comment. No public comment received.

**5. Action Item.** Dr. Smith moved to adjourn the meeting. Dr. Lyons seconded. Motion passed unanimously. Meeting adjourned at 12:04p.m.

8 persons attended remotely, inclusive of five Board members. 1 person attended in-person, inclusive of the Executive Director. No role call conducted or sign-in sheets provided.

These minutes were considered and approved by majority vote of the Nevada State Board of Optometry at its meeting on January 22, 2026.

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Adam Schneider, Executive Director

# **Materials for Item No. 6**

STATE OF NEVADA

JOE LOMBARDO  
Governor

DR. KRISTOPHER SANCHEZ  
*Director*



PERRY FAIGIN  
NIKKI HAAG  
MARCEL F. SCHAEERER  
*Deputy Directors*

ADAM SCHNEIDER  
*Executive Director*

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

December 4, 2025

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

Re: NSBO Complaint# 26-10  
Patient: [Patient 1, Patient 2, Patient 3]

Dear [Licensee 1]:

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:

On October 17, 2025, I brought myself and my two sons for eye exams. I agreed to pay for the 3 exam copays and what I believe to be the best of my memory only 2 digital retinal scans for myself and my oldest son. At checkout, I paid \$180, which matched exactly the cost of two retinal scans ( $\$60 \times 2 = \$120$ ) plus three exam copays ( $\$20 \times 3 = \$60$ ). The staff confirmed this was the correct total, and I left with no outstanding balance other than the contact lens fitting which was part of the disputed amount that the staff said that they would have removed. The staff had me check the contact fitting box when I checked in which to my knowledge was just to acknowledge that my son wears contacts.

Later, [Licensee 1] added an unauthorized contact lens fitting charge, even though no fitting was performed. When I disputed the fitting, she refused to remove it unless I paid an additional \$60 in exam copays a second time. She then claimed that all three family members received retinal scans, which would justify reallocating my \$180 payment away from the copays. My youngest son did not receive a retinal scan to the best of my knowledge (we were all in separate rooms so I could not see nor was I notified of what was happening with them until I requested to go into their rooms and asked [Licensee 1] for an update).

If the Board determines that my son Sami did receive a retinal scan, then I request clarification on why the office did not collect the full amount at checkout and why staff confirmed that \$180 was the correct total. The primary issue is that I was billed for an unnecessary and unauthorized contact lens fitting. The only reason the contact

box was checked was because staff asked whether my son wears contacts. No fitting, training, or evaluation took place. He was handed a lens to put in and then remove, which does not meet the standard for a billed fitting. The office later attempted to shift my payment and use this disputed charge to demand additional copays and threaten collections.

She is now threatening to send the entire disputed balance, including the unauthorized fitting, to collections unless I pay the copays again. This is conditional billing, payment reallocation, and billing for a service not performed.

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. Please include any further information you believe would be useful for the Board to make a determination in this matter. **Failure to responsively address each of the above allegations could result in a determination that you agree with the above allegations.**

Your reply to [director@nvoptometry.org](mailto:director@nvoptometry.org) is due on or by the close of business **January 12, 2026**.

Because this matter may be presented to the Board in a double-blind manner, **do NOT use personal or company letterhead. Use the following references:**

**Youself as “Licensee 1”**

**Your practice group/location as “Practice Location 1”**

**[Patient 1-mother] as “Patient 1”**

**[Patient 2-son] as “Patient 2”**

**[Patient 3-son] as “Patient 3”**

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

On October 17, 2025, Patient 1, Patient 2, and Patient 3, all established patients, presented at Practice Location 1 for eye examinations. They presented EyeMed as a vision benefit plan for each individual. This plan is what we have had on record for prior vision exam visits 11/9/2012, 3/19/2014, 4/25/2017, 5/07/2019, 10/28/2020, 10/28/2021, 9/23/2022, 11/02/2023, and 1/02/2025, with no change in benefits covered or copays. Copays are discussed with each patient prior to being seen and these individuals have had multiple encounters at Practice Location 1 over the prior decade.

Part of our pretesting includes the invitation to have Optomap and an OCT retinal screening images captured and reviewed. The cost of \$60 per patient for the two scans. The cost is disclosed before a patient verbally opts in or out. Patients 1, 2, and 3 agreed to and received images, which were later reviewed in the exam room by Licensee 1 with Patients 1, 2, and 3.

Patient 2, a long-standing contact lens wearer, was the only individual in the group to select 'yes' for a contact lens fitting on our intake form. The fitting fee, process, and options are disclosed prior to proceeding. The fitting agreed to, which have not changed since Patient 2's prior contact lens fitting the previous year, was agreed to in writing. As part of Patient 2's exam encounter a toric lens fitting was conducted, where diagnostic lenses were placed on the eye, the fit was evaluated, a contact lens over-refraction performed, and a final contact lens prescription issued.

When the three exams were completed and the patients were taken to the front to check out, Patient 1 stated they were unaware of the exam copays and that they would only be paying for the Optomap and OCT retinal scans. Patient 1 also claimed that a contact lens fitting was not requested nor needed and they refused to pay for that as well. Patient 1 paid \$180 for the three retinal scans (OM and OCT).

On Friday November 14, Patient 1 emailed, disputing the charges for exam copays and the remaining balance due for the contact lens fitting for patient 2. Patient 1 stated, "I am disputing a charge for a contact lens fitting that I did not request, did not need, and did not authorize." Patient 1 claimed that the office manager agreed to waive the contact lens fitting fee (I do not have record of that and that person is no longer with the practice to verify). I agreed to waive the contact lens fitting fee if the three \$20.00 exam copays were paid for. Patient 1 stated that they had already paid the three \$20 copays and had only requested two of the three family members receive the retinal scans. Patient 1 requested proof that the retinal images had been done. Copies of the images were sent to the patient, to which Patient 1 stated that thumbnail images were not proof the images were captured.

I sent copies of the ledger showing all outstanding charges, where the \$180.00 payment was applied (to the three scans, since Patient 1 said they would only pay for the scans at the time of checkout – see OfficeMate staff notes), leaving three \$20.00 exam copayments, dictated by the family's vision benefit plan terms.

Patients 1, 2, and 3 have been seen multiple times over the past decade or more. They have paid for retinal imaging before and contact lens fitting fees before. All optional testing was agreed to prior to being performed. I (Licensee 1) offered to waive the disputed contact lens fitting, which was acknowledged and accepted on a signed form, upon payment of the exam copays, but Patient 1 has refused to do so.

## Contact Lens Agreement

### **Our Guarantee**

Both the health of your eyes and your satisfaction are important to us. That is why we guarantee our contact lens services as well as all contact lens products purchased from our office. When you purchase your contact lenses from us, you not only receive competitive pricing and the convenience of free shipping to your home on annual supplies, but you also receive our contact lens product guarantee. Our guarantee is unmatched in the industry because we allow you to return opened boxes of contact lenses and exchange boxes due to prescription change. If you are not satisfied with the contacts purchased from our office then you may return one (1) opened box of contacts per eye, and all factory sealed boxes within thirty (30) days for exchange or credit. We will also exchange any defective lenses and supply you with an emergency pair, if necessary.

### **Contact Lens Fitting & Evaluation Fees**

Contact lenses are medical devices regulated by the FDA. Some conditions related to wearing contact lenses, including improper wear and care of contact lenses, can be sight threatening and cause loss of vision. This means the doctor must evaluate or re-evaluate the health of your eyes and the fit of your contacts at least **every year**.

**ALL** contact lens patients will be charged a contact lens fitting & evaluation fee. Insurance companies require we show contact lens fitting charges separately from your comprehensive eye examination. The fees vary based upon the type of contact lens, doctor/staff time involved and expertise necessary. The services received for these fees include the fitting/re-fitting and evaluation for contact lenses, tear film/corneal health analysis, all contact lens follow-up visits with the doctor within sixty (60) days, any diagnostic lenses used, a contact lens starter kit, and a 20% discount on sunglasses of your choice. The fitting is complete when you and the doctor are satisfied that the contact lenses are working and fitting properly, and the final contact lens prescription is provided. Any patient who does not return to the office within sixty (60) days to finalize their contact lens prescription will be charged a new contact lens fitting & evaluation fee.

**The fees are as follows and are due at the time and day of service:**

	<u>Current Contact Lens Wearer</u>	<u>New Contact Lens Wearer</u>
Single Vision Soft Spherical.....	\$85	\$115
Single Vision Soft Toric.....	\$105	\$137
Multifocal/MonoVision.....	\$140	\$170
Multifocal Toric/Gas Permeable/Specialty.....	\$190	\$221
Scleral (per eye).....	\$490	\$520
CRT.....	\$2000 (new)	

In addition, those patients that have never worn contact lenses **MUST** receive contact lens training. The training includes instruction on the insertion and removal of contact lenses, care of the contact lenses, wearing instruction, and counseling regarding health related issues for contact lens wearers. **The fitting & evaluation fees are non-refundable.**

I DO or  I DO NOT want to receive a contact lens prescription at an additional cost today.

I have read, understand, and agree to the conditions of this agreement.

Date 10/17/25

Patient (or Guardian if for a minor)

## **Statement of Charges and Payments**

To: [REDACTED]  
[REDACTED]

Fee Slip Number: 135020  
Date Printed: 12/8/2025  
Provider: [REDACTED]  
License: [REDACTED]  
NPI Number: [REDACTED]  
TPA Number: [REDACTED]  
Patient: 7371  
Chart#: 7371  
Home Phone: [REDACTED]  
NextAppt: 10/19/2026 3:30:00 PM

Total Charges (Pat. Total + Ins. Total)= 270.00

NOTE: Billed to Insurance: \$190.00 plus Sales Tax of 0.00 = \$190.00

Thank you for your confidence and trust.

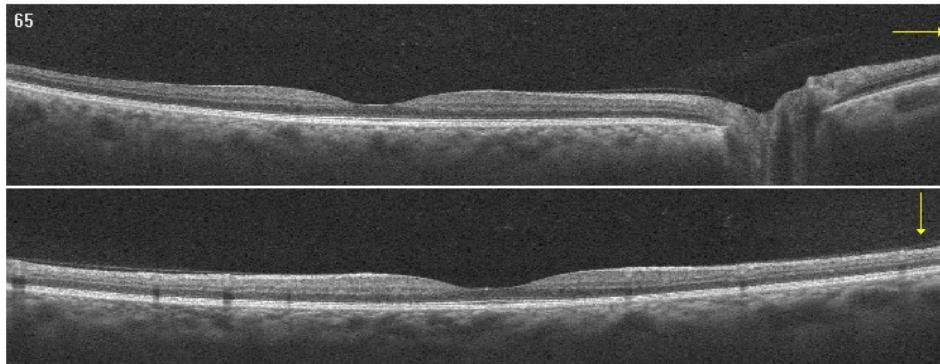
Patient: [REDACTED]  
Physician: [REDACTED]  
Operator: [REDACTED]  
Disease: [REDACTED]

Gender: Female  
ID: 7371

Exam Date: 10/17/2025  
DOB(age): [REDACTED] (49)  
Ethnicity: Caucasian  
Algorithm Ver: A1,2,0,12

Right / OD

10/17/2025 15:25:48



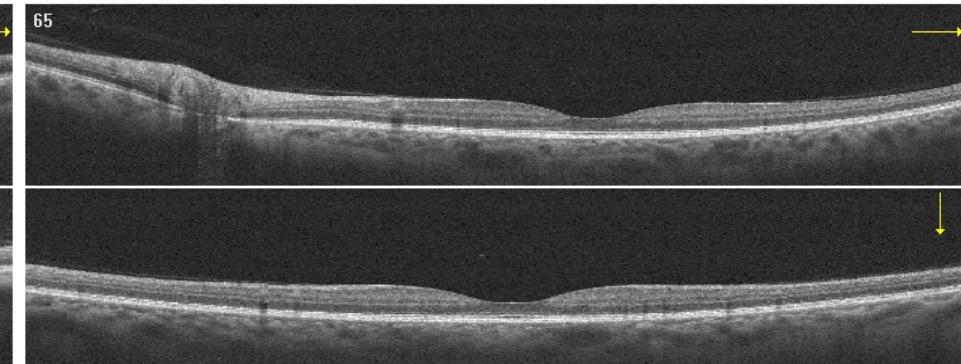
Wellness OU Report

Scan Quality 9/10

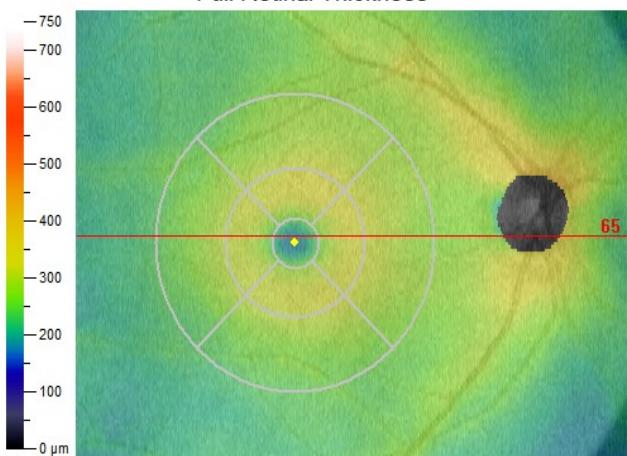
Scan Quality 10/10

Left / OS

10/17/2025 15:26:40



Full Retinal Thickness

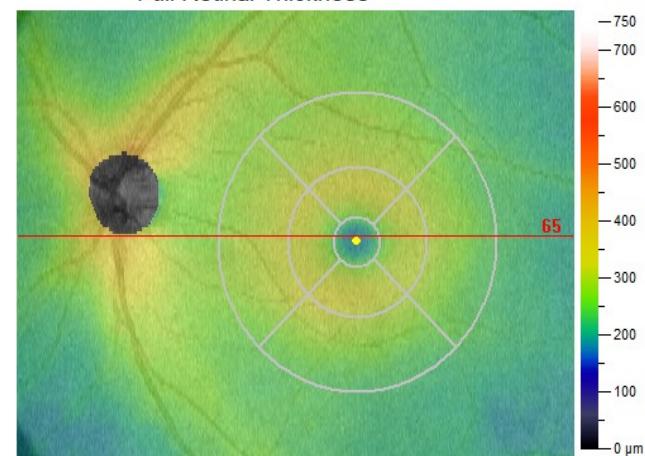


Auto Zoom

GCC Analysis	OD	OS	OD - OS
Average GCC (μm)	88	87	1
Superior GCC (μm)	91	91	0
Inferior GCC (μm)	84	83	1
Intra Eye (S-I) (μm)	7	8	N/A
FLV7x8 (%)	2.04	2.98	-0.94
GLV7x8 (%)	6.73	7.39	-0.66



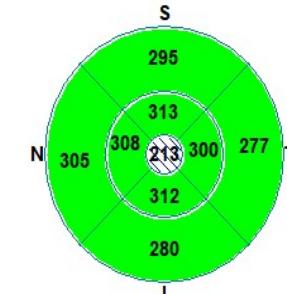
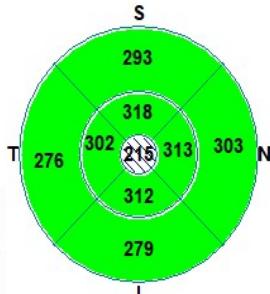
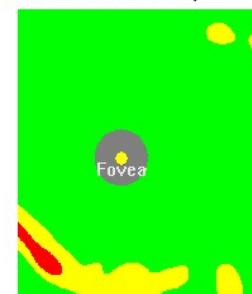
Full Retinal Thickness



RDB Reference Map



RDB Reference Map



OPTOVUE

Report Date: Monday 12/08/2025 11:12:43

Software Version: 1,2,0,12

Comment:

Signature:

# Statement of Charges and Payments

[REDACTED]

To: [REDACTED]

Fee Slip Number: 135021  
Date Printed: 12/8/2025  
Provider: [REDACTED]  
License: N [REDACTED]  
NPI Number: [REDACTED]  
TPA Number: [REDACTED]  
Patient: 26401  
Chart#: 26401  
Home Phone: [REDACTED]  
NextAppt: 10/19/2026 3:15:00 PM

Date of Service	Ord#	SKU#	Qty	Description	CPT	Diagnosis	Amount	Patient Balance
10/17/2025	0		1	Comprehensive Examination Billed EyeMed	92014	H52.13	150.00 (130.00)	
10/17/2025	0		1	Refraction Billed EyeMed	92015	H52.13	60.00 (60.00)	
10/17/2025	0		1	Daytona and OCT Scans	59986	H52.13	60.00	
10/17/2025	0		1	Torie Established Fit Billed EyeMed	92310	H52.13	105.00 (10.50)	
				Patient Write-Off/ ADJ- per doctor			(94.50)	
				Total Current Charges			80.00	
10/17/2025				Payment Applied by Visa at [REDACTED]			(60.00)	
10/24/2025				Payment Applied by Visa at [REDACTED]			(62.50)	
11/14/2025				Payment Applied by Visa at [REDACTED]			62.50	
				Total Payments			(60.00)	
				Balance Due			20.00	
				Other Open Items			0.00	
				Please Pay this Amount			20.00	

Total Charges (Pat. Total + Ins. Total)= 375.00

NOTE: Billed to Insurance: \$200.50 plus Sales Tax of 0.00 = \$200.50

Thank you for your confidence and trust.

Total Due	20.00	Patient#	26401	Statement Date	[REDACTED]
Amount Enclosed	1	Check#	[REDACTED]	Patient	[REDACTED]
		Chart#	26401		[REDACTED]
[REDACTED]				[REDACTED]	
[REDACTED]				[REDACTED]	
[REDACTED]				[REDACTED]	
[REDACTED]				[REDACTED]	

Patient: [REDACTED]  
Physician: [REDACTED]  
Operator: [REDACTED]  
Disease: [REDACTED]

Gender: Male  
ID: 26401

Exam Date: 10/17/2025  
DOB(age): [REDACTED] (19)  
Ethnicity: Other/Combined  
Algorithm Ver: A1,2,0,12

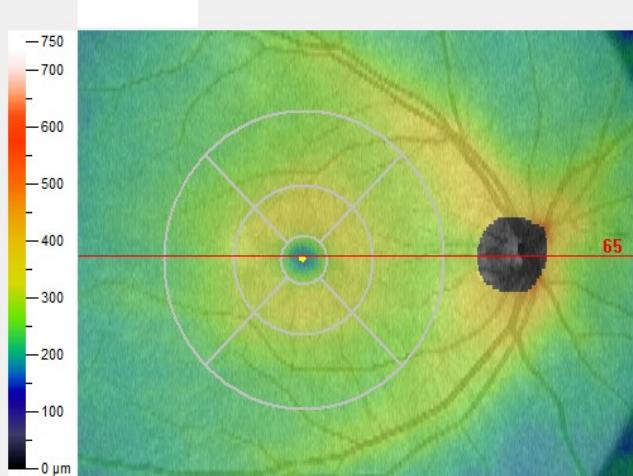
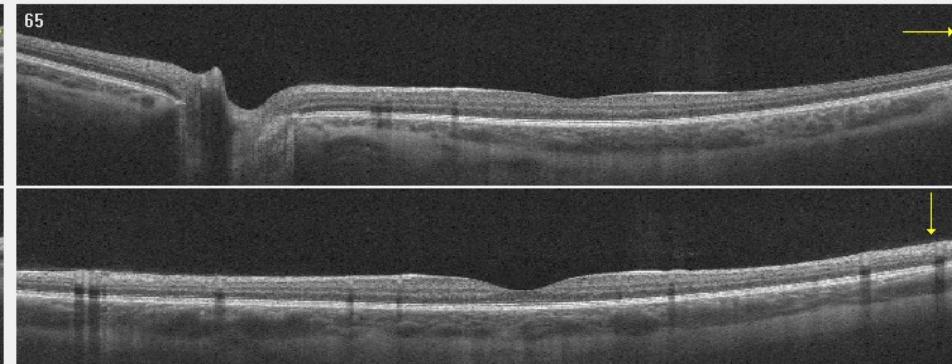
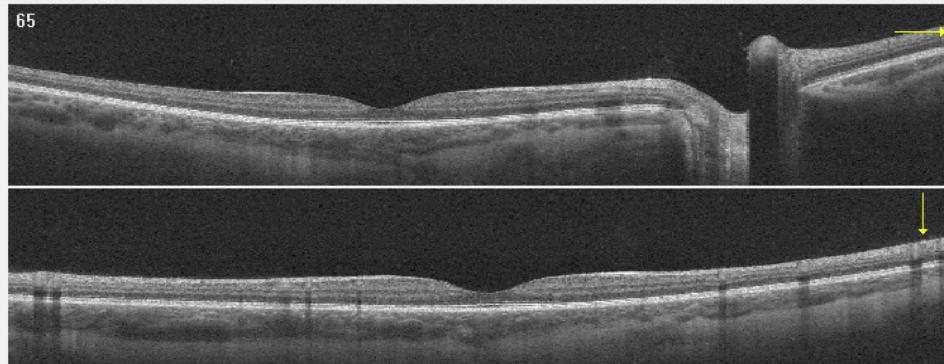
## Wellness OU Report

10/17/2025 15:17:31

Scan Quality 9/10

Scan Quality 9/10

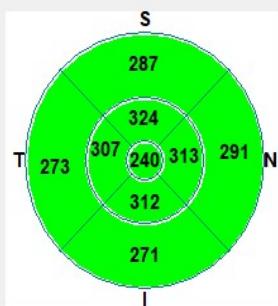
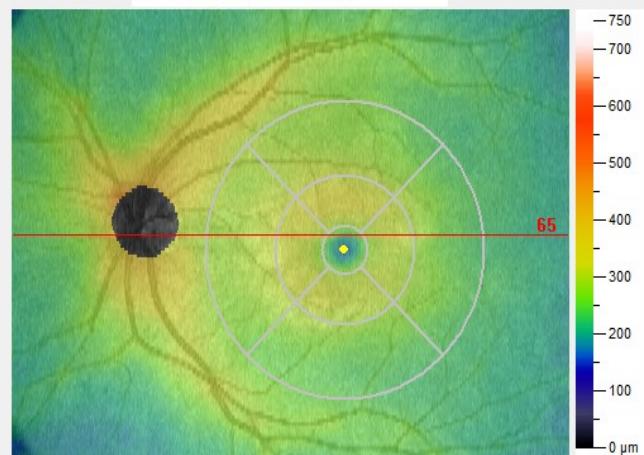
10/17/2025 15:18:03



Auto Zoom

GCC Analysis	OD	OS	OD - OS
Average GCC (μm)	96	98	-2
Superior GCC (μm)	99	101	-2
Inferior GCC (μm)	94	95	-1
Intra Eye (S-I) (μm)	5	6	N/A
FLV7x8 (%)	0.27	0.36	-0.09
GLV7x8 (%)	1.29	1.23	0.06

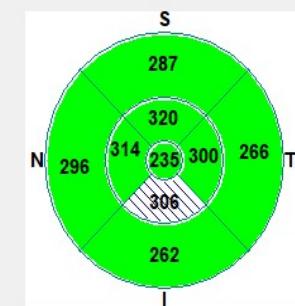
### Full Retinal Thickness



### RDB Reference Map



### RDB Reference Map



Report Date: Monday 12/08/2025 11:12:15

Software Version: 1,2,0,12

Comment:

Signature:



## **Statement of Charges and Payments**

To: [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

**Fee Slip Number:** 135022  
**Date Printed:** 12/4/2025  
**Provider:** [REDACTED]  
**License:** [REDACTED]  
**NPI Number:** [REDACTED]  
**TPA Number:** [REDACTED]  
**Patient:** 26402  
**Chart #:** 26402  
**Home Phone:** [REDACTED]  
**Next Appt:** 10/19/2026 3:00:00 PM

Date of Service	Ord #	SKU #	Qty	Description	CPT	Diagnosis	Amount	Patient Balance
10/17/2025	0		1	Comprehensive Examination Billed EyeMed	92014	H52.11	150.00 (130.00)	
10/17/2025	0		1	Refraction Billed EyeMed	92015	H52.11	60.00 (60.00)	
10/17/2025	0		1	Daytona and OCT Scans	S9986	H52.11	60.00	
				Total Current Charges			80.00	
10/17/2025				Payment Applied by Visa at [REDACTED]			(60.00)	
10/24/2025				Payment Applied by Visa at [REDACTED]			30.50	
11/14/2025				Payment Applied by Visa at [REDACTED]			(30.50)	
				Total Payments			(60.00)	
				Balance Due			20.00	
				Other Open Items			0.00	
				Please Pay this Amount				20.00

Total Charges (Pat. Total + Ins. Total)= 270.00

NOTE: Billed to Insurance: \$190.00 plus Sales Tax of 0.00 = \$190.00

Thank you for your confidence and trust.

Total Due	20.00	Patient #	26402	Statement Date	12/4/2025
Amount Enclosed		Check #		Patient	
		Chart #	26402		

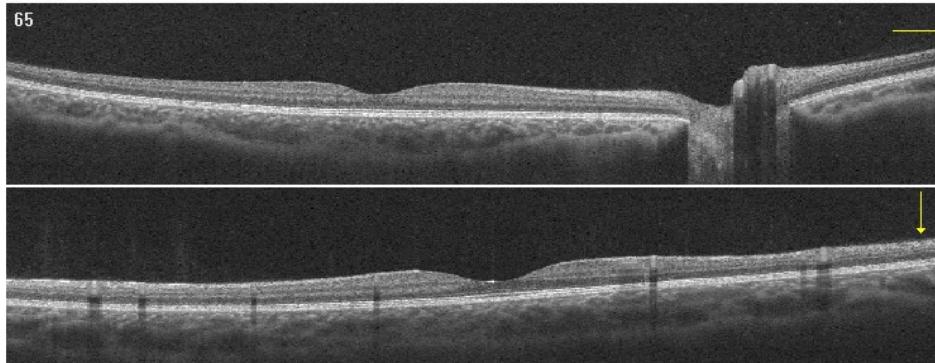
Patient: [REDACTED]  
Physician: [REDACTED]  
Operator: [REDACTED]  
Disease: [REDACTED]

Gender: Male  
ID: 26402

Exam Date: 10/17/2025  
DOB(age): 0 [REDACTED] (16)  
Ethnicity: Caucasian  
Algorithm Ver: A1,2,0,12

Right / OD

10/17/2025 15:31:55

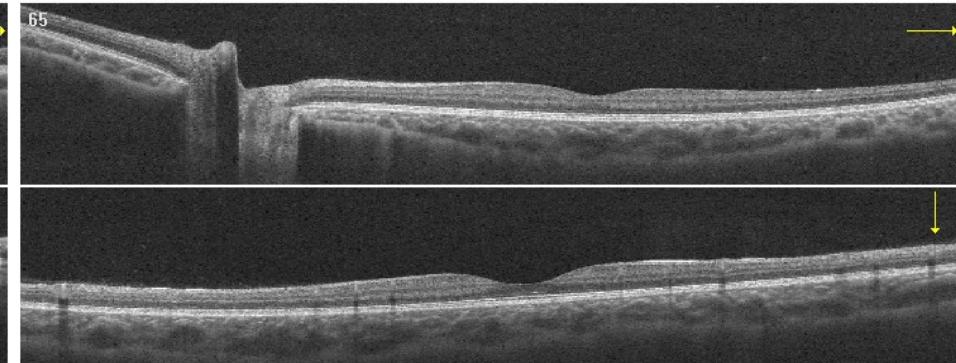


Wellness OU Report

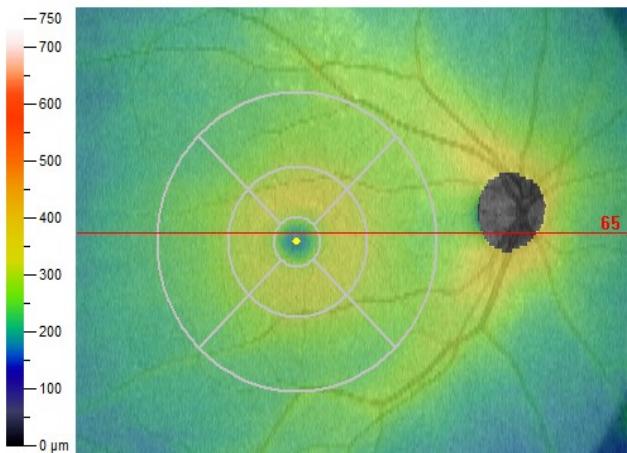
Scan Quality 10/10

Left / OS

10/17/2025 15:32:25



Full Retinal Thickness

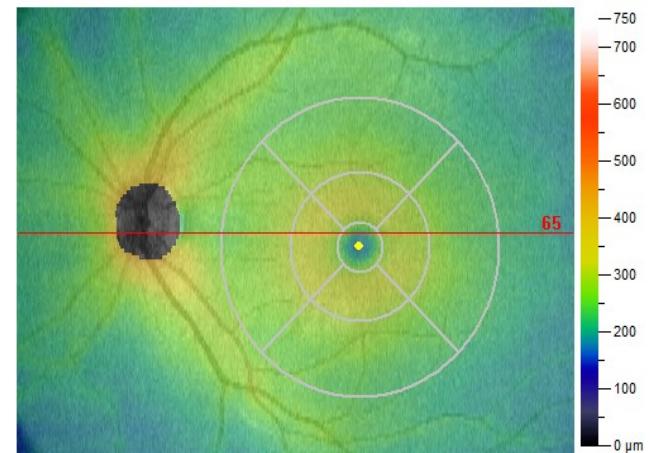


GCC Thickness Map

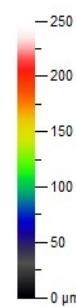
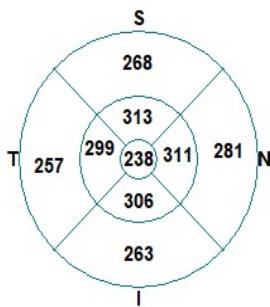
Auto Zoom

GCC Analysis	OD	OS	OD - OS
Average GCC (μm)	81	80	1
Superior GCC (μm)	81	78	3
Inferior GCC (μm)	81	83	-2
Intra Eye (S-I) (μm)	0	-5	N/A
FLV7x8 (%)	N/A	N/A	N/A
GLV7x8 (%)	N/A	N/A	N/A

Full Retinal Thickness



GCC Thickness Map



OPTOVUE

Report Date: Monday 12/08/2025 11:13:09

Software Version: 1,2,0,12

Comment:

Signature:

# **Materials for Item No. 7**

Counsel-

Thank you for contacting the Nevada State Board of Optometry regarding your anonymous client's memorandum/plan for "Performance of Comprehensive Examinations via Optometric Telemedicine and Delegation to Optometric Assistants." As your memorandum/business plan represented or suggested, the below presupposes that your client as an optometric practice/entity would be registered with the Board pursuant to NRS 636.350, that the entity is wholly owned by Nevada-licensed optometrist(s) pursuant to NRS 636.350(1)(c), and that any optometrists performing the optometric telemedicine are Nevada-licensed optometrist(s).

As with every issue before it, the Board bears in mind its mission to protect the public health, safety, and general welfare of the people of the State of Nevada. And as to these specific issues, please note the Board is sensitive to potential abuses of optometric telemedicine yet not limit the public's access to quality optometric services.

Although the Board in 2026 is not wholly comprised of the same members in 2023-2024 when optometric telemedicine statutes and the associated regulations of R101-24 were adopted, the Board has discussed these issues and given careful thought to whether the below statements that you proposed are consistent with Nevada law as described below.

**1. An optometrist can prescribe glasses to a new patient via telehealth so long as the optometrist has the record of a comprehensive examination performed on the patient within the last two years; and**

Agree. The Board first agrees with your memorandum that per R101-24(5) a licensee engaging in optometric telemedicine may not issue a prescription for ophthalmic lenses without first performing a manifest refraction. And as your business plan described, the Board is aware that the technology exists for a manifest refraction to be performed through a synchronous optometric telemedicine examination, also bearing in mind your representations that your client's optometric assistants would be present in person with the patient(s) at an established brick and mortar location.

The Board wanted to advise of several relevant statutes and codes:

- 1) optometric telemedicine is authorized "*only if the licensee* has completed a comprehensive examination of the patient within the immediately preceding 2 years." *See* NRS 636.394(2) (emphasis added);
- 2) "A licensee may engage in synchronous optometric telemedicine to perform a non-comprehensive examination of a new patient if the licensee has access to all the information obtained from a comprehensive examination of the patient that was conducted by an optometrist or ophthalmologist within the immediately preceding 2 years." NRS 636.394(3).

As to statement no.1's choice of words of "has," the licensee must not merely "have" those records at some undefined point in time. Instead the licensee "shall review records relating to the eye health of the patient immediately before or during the provision of health care services." *See* R101-24(5)(1).

The Board notes the above subsection is silent as to whether it controls for purposes of prescribing ophthalmic lenses, but which segues to the below that the licensee also cannot

violate-

3) The licensee engaging in optometric telemedicine shall not issue a prescription for ophthalmic lenses based solely upon one or more of: a) answers provided by a patient in an online questionnaire; b) the application of lensometry; or c) the application of auto-refraction, nor condition the provision of optometric telemedicine on the patient consenting to receiving services below the standard of care as required in this statute. *See NRS 636.394(9)(a).*

**2. An optometrist can administer a comprehensive examination on a patient via telehealth by delegating the in-person functions to an optical assistant physically present with the new patient.**

Disagree. The Board notes that a “comprehensive examination” is “an examination of a patient which is conducted *in person* [.].” *See NRS 636.0175* (emphasis added).

“Comprehensive examination” means that the licensee is to perform it in person even with the licensee utilizing the assistant supervision statute of NRS 636.346 to its fullest extent. The Board understands that multiple types of data or testing listed in NRS 636.0175 might be able to be collected or performed by a highly trained non-optometrist optometric assistant. But no optometric assistant, no matter how well trained, could adequately review and synthesize all the data and testing to then develop a plan to provide necessary treatment. *See NRS 636.0175(1)(p).* The optometric assistant attempting to perform NRS 636.0175(1)(p) would in the opinion of the Board be a non-licensed person engaging in the unauthorized practice of optometry. All of this is stated to make clear that in order for the licensee to satisfy the statutory definition of a comprehensive examination, it has to be performed in person.

Sincerely,

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

# **Materials for Item No. 8**

1. Since the date of your prior license renewal application submitted to this Board, have you, your optometry practice or business or any assumed or fictitious name registered with the Board in which you practice optometry:

a) been arrested, charged or convicted of insurance fraud, or received sanctions, including restrictions, suspension, removal from practice, being barred, or otherwise determined to be ineligible from participating in any federal or state health care program including but not limited to Medicaid or Medicare or Tricare? Yes or No

b) had any health insurer or vision benefits plan provider terminate a contract due to or relating to (i) Access for covered persons to your health care services; (ii) The cost of your health care services; or (iii) The quality of your health care services? Yes or No

c) had any health insurer or vision benefits plan provider terminate a contract due to or relating to medical incompetence or professional misconduct? Yes or No

d) been sued in a civil action relating to the practice of optometry in a federal court or court of this State, any other state, the District of Columbia, Puerto Rico, the United States Virgin Islands, any territory or insular possession subject to the jurisdiction of the United States or a foreign country? Yes or No

If you answered Yes to (d), for each civil action:

(i) did you report the civil action to this Board not later than 30 days after initial service of process as mandated by NAC 636/R101-24(20)? Yes or No

If you answered Yes- the date of such report to this Board was on the following date- \_\_\_\_\_.

(ii) is the civil action still pending? Yes or No

If you answered Yes- email [admin@nvoptometry.org](mailto:admin@nvoptometry.org) with the Complaint (and any of its attached exhibits) including any subsequent Amended Complaint(s) (and any attached exhibits)

(iii) has the civil action resulted in a judgment, a settlement, or other final disposition? Yes or No

If you answered Yes- email [adminr@nvoptometry.org](mailto:adminr@nvoptometry.org) with the court documentation dismissing the civil action.