

Vista Eye Associates

740 E Campbell Road, Suite 8 · Pearland, TX 77081
(832) 555-0127 · Tax ID 47-0000009 · NPI 1000000096 · Provider: Samuel Berg, OD

STATEMENT OF SERVICES

Statement date: 08/16/2026

Account #: V-29334

Statement #: ST-2026-10620

PATIENT

Taylor M. Sample
88 Redbud Court
Spring, TX 77013
Date of birth: 06/22/1965

RESPONSIBLE PARTY

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

DATE OF SERVICE	CODE	DESCRIPTION OF SERVICE	CHARGE
08/15/2026	92014	Comprehensive eye exam — established patient	\$120.00
08/15/2026	92250	Fundus photography (retinal imaging)	\$60.00
08/15/2026	92083	Visual field examination	\$70.00
Total charges			\$250.00
Vision plan paid			-\$120.00
Contractual adjustment			-\$40.00
Patient responsibility			\$90.00
Patient payment received			-\$90.00
Account balance			\$0.00

PAYMENT RECEIVED

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

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