

## Invoice

Eye Contact - Madison Isthmus  
 846 East Washington Ave. Suite 101  
 Madison , WI 53703  
 (608) 441-3939



Office # : 045  
 Service Date: 11/03/2021  
 Payment #: 460968  
 Employee :

Patient Name: Sarah Barry  
 1835 Winnebago Street #204  
 Madison, WI 53704

Item/ Service Description	Proc Code	Diagnosis Codes	Retail Price	Discount	Insurance Allowance	Insurance Copay	Patient Due
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**Order # 380497                      Insurance: 9016829-AC**

92014 - Comprehensive Exam - Est - 92014	92014	H52.13, Z13.5	\$130.00		\$130.00		<b>\$0.00</b>
92310.2 - CL Eval Soft Sph New Pt - 92310.2	92310	H52.13, Z13.5	\$69.00				<b>\$69.00</b>
92015 - Refraction - 92015	92015	H52.13	\$27.50	\$27.50			<b>\$0.00</b>
S9986.4 Screening Retinal Photos - S9986.4	92250	Z13.5	\$35.00				<b>\$35.00</b>
<b>Total</b>			<b>\$261.50</b>	<b>\$27.50</b>	<b>\$130.00</b>	<b>\$0.00</b>	<b>\$104.00</b>

Tax **\$0.00**

<b>Payment</b>	<b>Amount</b>		<b>Total Due</b>	<b>\$104.00</b>
Visa	\$104.00	Autho(003437): *****1455	<b>Payment</b>	<b>\$104.00</b>
			<b>Balance</b>	<b>\$0.00</b>

IF FOR ANY REASON YOU ARE NOT SATISFIED, PLEASE CALL AND SPEAK WITH OUR PRACTICE MANAGER.