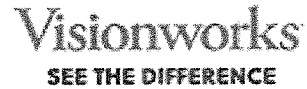


Invoice

00217
 1856 Lindberg Dr Ste B
 Slidell, LA 70458
 (985) 641-7722



Office # : 217
 Service Date: 05/21/2024
 Payment #: 11548567
 Employee : 106057

Patient Name: Charles Dammon
 Responsible Party: Charles Dammon
 124 Eden Isles Blvd
 Slidell, LA 70458

Item/ Service Description	Proc Code	Diagnosis Codes	Retail Price	Discount	Insurance Allowance	Insurance Copay	Patient Due
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Patient Name: Charles Dammon
 Order # 14108714 Insurance: none

Patient Declined to purchase extended warranty. This does not apply to any warranty provided by an insurance provider.

Promotion: 40% OFF ALL GLASSES

NIKE RABID 22 DV2371 Black 62/14/130 (000001376371)	V2020		\$199.95	\$79.98			\$119.97
Single Vision Polycarbonate Polarized Grey	V2784, V2762, V2100		\$320.00	\$128.00			\$192.00
BackSide U V	V2755		\$15.00	\$6.00			\$9.00
Elite Non-Glare - UVR	V2750		\$145.00	\$58.00			\$87.00
Total			\$679.95	\$271.96	\$0.00	\$0.00	\$407.97

Promise Date: 06/11/2024

Tax/Fee \$17.34

Payment	Amount	Total Due	\$425.31
Payment		Payment	\$425.31
Balance		Balance	\$0.00

Visa \$425.31 Autho(06096D): *****2514

AUTHORIZATION: I authorize the filing of an insurance claim and direct payment to Visionworks of benefits for services rendered to me or my dependents. I accept financial responsibility for any unpaid balances not covered by insurance. For information on Visionworks Protect visit visionworks.com/protect