

eye exam and glasses

PBW Optometry, PC
Riverview Vision Center
14 Scott Drive
Lake Havasu, AZ 86403-6722

Statement of Charges and Payments

pd

Fee Slip Number: 63808
Date Printed: 05/16/2014
Provider: RHETT BURGNER O.D.
Office Phone: 928-854-3555

To: **SEAN CHRISTENSEN**
254B PALISADES DR
LAKE HAVASU CITY, AZ 86403

Patient: **SEAN CHRISTENSEN**
Next Appt:

Service Date	Qty	Description	CPT	Diagnosis	Amount	Patient Balance
05/13/2014	1	NEW COMP. EXAM	92004	387.1	75.00	
		Billed to Insurance LAKE HAVASU UNIFED SCHOOL DISTRICT			(75.00)	
06/13/2014	1	V2020		387.1	39.00	
		Billed to Insurance LAKE HAVASU UNIFED SCHOOL DISTRICT			(39.00)	
05/13/2014	1	V2781		387.1	74.99	
		Billed to Insurance LAKE HAVASU UNIFED SCHOOL DISTRICT			(74.99)	
		Balance Due				0.00
		Other Open Items				0.00
		NO PAYMENT NECESSARY				<u>0.00</u>

paid eye exam & glasses

188.99

*5/19/14 P.O. #100250
OK to pay - Laura Bopp*

NOTE: Billed to Insurance: \$188.99 plus Sales Tax of 0.00 = \$188.99
Thank you for your confidence and trust.

Total Due
Amount Enclosed

Patient #
Check #

Statement Date
Patient

PBW Optometry, PC
Riverview Vision Center
14 Scott Drive
Lake Havasu, AZ 86403-6722

SEAN CHRISTENSEN
254B PALISADES DR
LAKE HAVASU CITY, AZ 86403



PO# P100250

LHSUSD Grants Department
Received on

MAY 20 2014

Lake Havasu Unified School District # 1
Free/Reduced and Homeless
School Reimbursement Form

PL

*gave to Kathy
to pay on
5/21*

Date: 5/16/14

School: RTP

Student Name: [Redacted]

Student ID #: [Redacted]

Student Age: 16

Student Gender: Male Female

Free/Reduced: Free

Homeless: Yes

Assistance Type: Clothing Medical Oral Health Participation Fees Other

Amount of Reimbursement: 188.99

Description: Eye exam + glasses

Send Reimbursement To: River View Vision Center

Laura Bopp
Signature of School Liaison

For District Office Use Only:
Grant Number: _____