

Site Visit Verification Survey (DMEPOS)

PROVIDER/SUPPLIER INFORMATION

Provider/Supplier Type: 18

Provider/Supplier Number: 1185200001

Name: EYE CLINIC OF EDMONDS

Telephone Number: 4257755681

Address: 21911 76TH AVE W STE 101

City/State/Zip Code: Edmonds, WA 98026

REQUESTOR

PALMETTO DME

SURVEY DATES

Date of First Survey

12/20/2023



Time of First Survey

02:45 PM

Date of Second Survey



Time of Second Survey

GENERAL OBSERVATIONS

1. Type of Facility

Storefront

☐ Yes

☒ No

Office Suite-Strip Mall

☐ Yes

☒ No

Office Suite-Office Building

- ☒ Yes
☐ No

P.O. Box

- ☐ Yes
☒ No

Private Residence

- ☐ Yes
☒ No

If "Other", Please Describe

3. Does the facility appear to have employees/staff present?

- ☒ Yes
☐ No

5. Does the facility have a sign that indicates the business name?

- ☒ Yes
☐ No

6. Does the facility appear to have inventory present?

- ☒ Yes
☐ No

Warehouse

- ☐ Yes
☒ No

Commercial Mailbox

- ☐ Yes
☒ No

Other

- ☐ Yes
☒ No

2. Is the provider/supplier open for business?

- ☒ Yes
☐ No

4. Does there appear to be signs of customer activity present during the survey?

- ☐ Yes
☒ No

If posted, note the facilities hours of operation

7. Does the facility appear to be operational?

- ☒ Yes
☐ No

*Operational means the provider or supplier has a qualified practice location, is open to the public for the purpose of providing health care related services, is prepared to submit valid Medicare claims, and is properly staffed, equipped, stocked (as applicable, based on the type of facility or organization, provider or supplier specialty, or the services or items being rendered), to furnish items or services.

8. Photographs Required

Exterior of building (including business sign & hours of operation if possible)



Latitude: 47.80049082428671
Longitude: -122.33510538432934
Date: 12/20/2023 02:55 PM PST

Interior facility entrance if located within a multiple tenant building (business signs & hours of operation if possible)



Latitude: 47.80049082428671
Longitude: -122.33510538432934
Date: 12/20/2023 02:52 PM PST

Inventory Observed



Latitude: 47.80041634438578
Longitude: -122.33550759390396
Date: 12/20/2023 02:58 PM PST

Additional Comments

This provider is open and fully operational with both employees and customers present. DME observed eyeglass frames and optical lenses. I confirmed that all photos clearly show the details of this facility.

I prepared this document, which is the report of my inspection of the noted facility pursuant to their enrollment in Medicare program. This report is a true and accurate account of the events that occurred and transpired on the dates describe therein. I am capable and willing to testify as a witness at a hearing about the content of this report. The foregoing information is based on my personal knowledge or is information provided to me in my official capacity. I declare under penalty of perjury that this information is true and correct to the best of my knowledge and belief.

Executed on

12/20/2023



Signature of Declarant



Printed Name

Edward Pearson

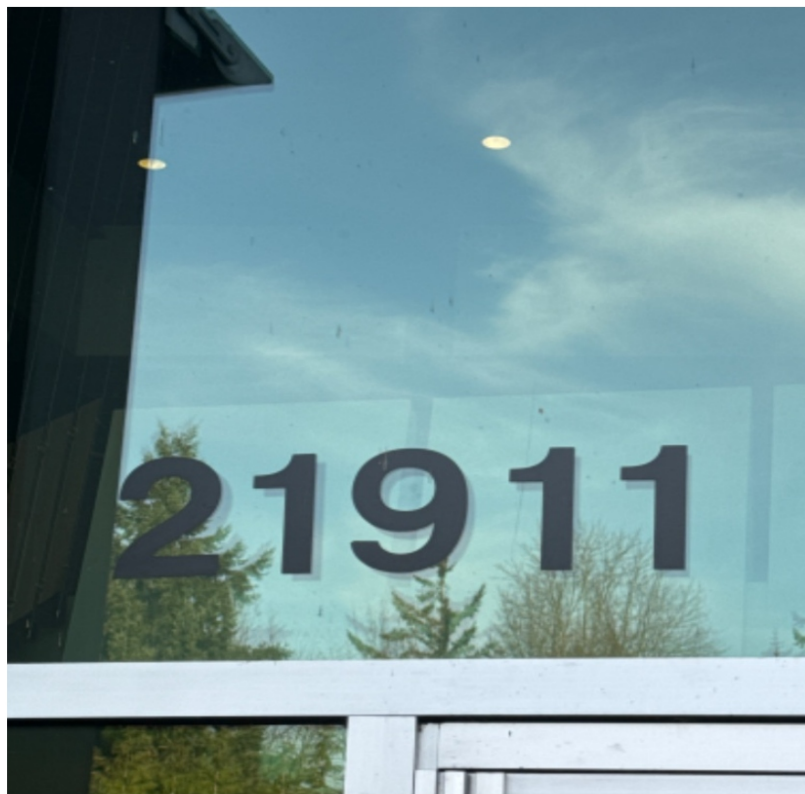
Organization

Deloitte



Latitude: 47.80041634438578
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Date: 12/20/2023 02:58 PM PST

Additional DME



Latitude: 47.80049082428671
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Address



Latitude: 47.80049082428671
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Date: 12/20/2023 02:52 PM PST

Business Signage



Latitude: 47.80049082428671
Longitude: -122.33510538432934
Date: 12/20/2023 02:53 PM PST

Hours of Operation



Latitude: 47.80049082428671
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Date: 12/20/2023 02:53 PM PST

Suite Number