

Site Visit Verification Survey (DMEPOS)

PROVIDER/SUPPLIER INFORMATION

Provider/Supplier Type: 41

Provider/Supplier Number: 0309630001

Name: PRECISION EYECARE

Telephone Number: 5735818668

Address: 1235 W MONROE ST

City/State/Zip Code: Mexico, MO 65265

REQUESTOR

PALMETTO DME

SURVEY DATES

Date of First Survey

12/21/2023



Time of First Survey

01:00 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

9am to 530pm Monday through Friday
Saturday 9am to 12pm

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: 39.1748792
Longitude: -91.8983167
Date: 12/21/2023 01:00 PM CST

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



Latitude: 39.1748792
Longitude: -91.8983167
Date: 12/21/2023 01:03 PM CST

Inventory Observed



Latitude: 39.1748792
Longitude: -91.8983167
Date: 12/21/2023 01:01 PM CST

Additional Comments

Eye glass frames observed.

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

12/21/2023

**Signature of Declarant**A handwritten signature in black ink, appearing to be 'Dan Schneiderjohn'.**Printed Name**

Dan Schneiderjohn

Organization

Deloitte



Latitude: 39.1748792
Longitude: -91.8983167
Date: 12/21/2023 01:01 PM CST

Address



Latitude: 39.1748792
Longitude: -91.8983167
Date: 12/21/2023 01:03 PM CST

Business Signage



Latitude: 39.1748792
Longitude: -91.8983167
Date: 12/21/2023 01:00 PM CST

Hours of Operation