



2020 FEES AND POLICIES

**1. Initial Oculo-Motor Exam:**

- An evaluation of focusing, tracking, eye teaming, eye-hand coordination, depth perception and visual memory skills. Expect to spend 1 ½ to 2 hours with the doctor for the evaluation visit.
- A written report of all test results.
- A separate (30 minute) consultation visit with the doctor to review all of the test results, diagnoses, recommendations, and to answer questions.
- **The cost of a visual skills evaluation is \$425.00.**

Initial: \_\_\_\_\_

**2. Office Vision Therapy (OVT):**

- OVT sessions (typically 45 minutes) include customized activities with a trained vision therapist and the utilization of state-of-the-art equipment. Home reinforcement activities will be sent home every other session.
- Tuition for the calendar month is due the first week of that month. This will be the total cost for visits scheduled for that month. **Each OVT session is \$132.00.**
- BVVT accepts cash, check, Visa, MasterCard, Discover and AMEX. We do not work with or process insurance or Medicaid claims. We will provide you with a statement at each visit which lists the Procedural Testing codes (CPT) and medical diagnostic codes (ICD-10) to submit to your insurance company for out-of-network reimbursement.
- OVT is eligible for medical flex spending (cafeteria plans) and Health Savings accounts (HSA).
- We do not bill for auto accidents or other liability or lawsuit related cases. We do not accept liens.

Initial: \_\_\_\_\_

**3. Cancellation policy:**

- Tuition is paid each month and does not carry over for future months.
- BVVT will try to reschedule the first cancelled appointment in any given month within 5 days. More than one missed/cancelled appointment per month does not guarantee a rescheduled slot.
- We appreciate 24 hour notice for cancellations. Please notify us by phone or e-mail if your child is ill. It is best not to bring in a sick child for vision therapy, especially if they are contagious or nauseous.
- Regular attendance is important for your therapy program to be successful. If you ño-showö or are absent repeatedly, you risk losing your time slot.

Initial: \_\_\_\_\_

**4. Progress Evaluations:**

- After every 3-4 months of therapy, the patient is re-evaluated by the doctor to determine visual skills progress, address any new concerns, and revise the therapy treatment plan.
- Expect to spend 30 ó 45 minutes completing testing, having a short 5 minute break for the doctor to score the tests and analyze the skills performance, and then 10 minutes in consultation. The entire appointment will last from 45 minutes ó 1 hour.
- After the completion of therapy, skills checks are performed 1-3 times over the following year to ensure results are stable.
- **The cost of the progress evaluation is \$185.00.**

Initial: \_\_\_\_\_

**5. Additional fees:**

- There is a one-time **enrollment fee of \$135.00**. This includes the time involved in developing and revising the vision therapy program to customize it for each patient. This is a one-time programming and administrative fee and the amount is due at the first vision therapy visit. It also includes use of vision therapy equipment. You will be responsible for purchasing any equipment that is lost or damaged beyond normal wear.
- If you would like to own your own vision therapy equipment, the office can provide you with an equipment fee list.
- Additional counseling/meetings with a doctor, if required, are billed, based on time spent, at a rate of **\$50.00/15 minutes**.

Initial: \_\_\_\_\_

**6. Average length of vision therapy treatment:**

- The average treatment length is 30-40 sessions. (8 to 10 months)
- For patients with amblyopia (lazy eye) or strabismus (an eye turn), typical length is 52-60 sessions. (1 year +)
- For patients with developmental delays, typical length is 52-75 sessions (1-2 years)

**7. Parent participation/attendance:**

- We ask that an adult is available during the entire first therapy session to discuss goals, answer questions, and begin home therapy instruction. During other visits, we ask that you are available either at the start or end of the session to review any new home activities and discuss the patient's progress. During progress evaluations, plan to attend the full testing session or be available at the end of the appointment to discuss testing results and recommendations.
- If your child is under the age of 12, you will need to sign a permission/release form to allow them to leave the office unattended.

**8. Late/insufficient funds fees:**

- Returned checks will be charged any/all fees assessed to BVVT by the patient's bank.
- Accounts older than three months will be sent to a professional collections service. The patient will be responsible for the balance due, \$50 service charge and all reasonable collection agency fees other costs of collection including, but not limited to, attorney fees and court costs.

Initial: \_\_\_\_\_

**9. Email communication:**

Standard email is unencrypted, and by using this method of communication, you are at some risk of an unintended party viewing the information. If you would like to request and receive information via email, please provide address here:

\_\_\_\_\_

I have read and understand the above policies:

\_\_\_\_\_

Signature of patient/parent/guardian

Date: \_\_\_\_\_