



2023 FEES AND POLICIES

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

- An evaluation of focusing, tracking, eye alignment, eye-hand coordination, depth perception, and visual memory skills. Expect to spend up to 2 hours with the doctor for the evaluation visit.
- A written report of all test results.
- A separate (30-minute) consultation (can be completed remotely via phone or zoom call) with the doctor to review all of the test results, diagnoses, and recommendations, and to answer questions.
- **The cost of a visual skills evaluation, report, and consultation is \$500.00.**

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

**2. Cancellation policy:**

- Regular attendance is important for your therapy program to be successful. If you “no-show” or are absent repeatedly, you risk losing your time slot.
- We require 24-hour notice for cancellations regarding therapy appointments. For less than 24-hour cancellation or “no show” **Boulder Valley Vision Therapy will charge a \$30 fee.**
- We require 72-hour notice for cancellations regarding Oculo-Motor Exams. For less than 72-hour cancellation or “no show” **Boulder Valley Vision Therapy will charge a \$50 fee.**

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

**3. 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 – 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 – 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 \$200.00.**

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

**4. Optometric Vision Therapy:**

- VT 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.
- **Each VT session is \$145.00.**

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

**5. Out-of-Network**

- BVVT accepts cash, checks, Visa, MasterCard, Discover, and AMEX. We do not work with or process insurance, Medicare, or Medicaid claims. We will provide you with a statement at each visit that lists the Procedural Testing codes (CPT) and medical diagnostic codes (ICD-10) to submit to your insurance company for out-of-network reimbursement.
- VT 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: \_\_\_\_\_

**5. Additional fees:**

- There is a one-time **enrollment fee of \$150.00**. 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 the 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. (8-10 months)
- For patients with amblyopia (lazy eye) or strabismus (an eye turn), the typical length is 52-60 sessions. (1 year +)
- For patients with developmental delays, the 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.

**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, the \$50 service charge, and all reasonable collection agency fees and 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 the address here:

\_\_\_\_\_

I have read and understand the above policies:

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

Signature of patient/parent/guardian