



### 18 Session Vision Therapy Program Fees

This is an all-inclusive case fee based on your Vision Therapy program's anticipated duration and complexity. Vision Therapy involves significant professional expertise and time, extending well beyond individual office visits. Your case fee encompasses the development and customization of your therapy plan, all in-office therapy sessions, progress assessments, and any specialized equipment required for home-based exercises. This comprehensive approach ensures you receive the highest standard of care throughout your treatment journey.

Vision Therapy Sessions:	18 x \$200
Progress Evaluation:	\$250
Final Evaluation:	\$250
<i>Equipment Package:</i>	\$300
<b>Total Cost:</b>	<b>\$4,400</b>

**A non-refundable \$200 deposit is required when finalizing the vision therapy schedule and confirming a start date. This deposit will be applied toward the total cost of the program and deducted from the selected payment option. The remaining balance, based on the chosen payment option, will be due at the first session.**

- ☐ **Payment option 1: Pay in Full** (5% discount on Vision Therapy Sessions)
  - (1) Payment of: **\$4,220**
- ☐ **Payment option 2: Half and Half** (1<sup>st</sup> half due at the first session and 2<sup>nd</sup> half due at the first progress evaluation)
  - (2) Payments of: **\$2,200**
- ☐ **Payment Option 3: Monthly Payments** (Due on same day each month. **Payments may continue past end date**)
  - (5) Payments of: **\$880**
- ☐ **Payment Option 4: No interest payment plan through Care Credit**
  - 12-18 month payment plans with no interest available, approximately (\$366 x 12 month or \$244 x 18 month financing options)
  - Apply online at [www.CareCredit.com](http://www.CareCredit.com)
  - 24, 36, 48, or 60 month payment plans with interest available by request (as low as approximately \$45 per month)

\* A valid credit card must be kept on file for monthly payments. Payments are processed through Jane on the same day each month, every 30 days from the initial pay date. The card used for the first monthly payment will be kept on file and automatically charged each month on the due date, unless the patient contacts us before the due date to provide a new card.

\*\*Monthly payments are not contingent on the number of sessions completed per month. Payment is required regardless of rescheduled, cancelled, or missed appointments. Payments are still due on the same calendar day each month, regardless of any late payments from previous months.

\*\*\*Payment in full discounts do NOT apply when using Care Credit OR on Equipment Packages and Doctor Fees

**Insurance:** Our office does not accept assignments from insurance companies. All fees are the full responsibility of the patient/parent/guardian. Our office will not directly contact your insurance. However, if your insurance does provide coverage for vision therapy services, we are committed to providing you with all reasonable documentation for you to submit to apply for reimbursement, supporting you in this process.

\_\_\_\_\_  
Patient OR Parent/Guardian Signature

\_\_\_\_\_  
Date



## 18 session Vision Therapy Program Overview

### What we offer:

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Vision & Learning Center is pleased to offer a variety of Optometric Vision Therapy Programs tailored to meet each patient's unique needs. Our program recommendations are based on your specific diagnosis and therapy goals. Each program begins by establishing a strong foundation for your visual skills, followed by enhancing fundamental visual abilities, improving visual processing, and ultimately developing advanced visualization skills. Over time, you or your child may have developed an inefficient visual system, leading to unnecessary struggles with everyday visual tasks. Rewiring the brain to process sensory information more effectively is a gradual process. Vision Therapy utilizes a carefully sequenced set of activities designed to foster high-level, "aha" learning deeply embedded in your core visual processes. The result is the formation of new neural connections that will continue to strengthen throughout your life. Vision Therapy will change your life *forever*.

### Overview:

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❖ Vision Therapy Sessions	\$3,600
❖ Progress Evaluation	\$250
❖ Final Evaluation	\$250
❖ Equipment Package	\$300

Total Program Cost: **\$4,400**

### Vision Therapy Program Includes:

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- ❖ One in-office vision therapy session (45 minutes) per week, one-on-one with a vision therapist for eighteen (18) estimated sessions.
- ❖ Each session is tailored to the patient's specific skill set at the time and will be modified based on progression. Activities prescribed during in-office sessions and for home assignments are based on extensive scientific research and years of clinical experience.
- ❖ Progress evaluations will be conducted approximately halfway through the vision therapy program to determine whether visual development is on track. Your doctor will perform a final evaluation to determine whether the program was completed successfully or if more sessions are recommended.
- ❖ Weekly home assignments to reinforce skills learned during therapy sessions are to be completed an additional 4 days a week for 15-30 minutes. Home practice is an expectation and necessary for success in therapy programs.
- ❖ Access to our vision therapists via email and telephone for questions on any home assignments.
- ❖ Equipment package of materials to use during and after completion of the therapy program.

I understand my doctor is recommending a minimum of 18 weeks of vision therapy. This is an estimate of the number of in-office sessions, and the duration of treatment may change based on goals, current progression, and dedication to home assignments.

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Patient Name

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Patient OR Parent/Guardian Signature

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Date