



## VISION THERAPY POLICIES AND FEES

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405 S. 30<sup>th</sup> Street

Corner of 30<sup>th</sup> and Garfield

Laramie, WY 82070

Vision therapy is designed to provide the opportunity for children and adults to improve their academics or work success, sports performance and increase vision as it relates to confidence. To obtain the best results, a commitment of time, patience, and consistent follow-through is important for the success of this program.

### Therapy Sessions

Therapy units are 30 minutes in length. You may attend more than one unit per day. Appointments may be scheduled one to three times weekly.

### Fees

1. The professional fee for vision therapy is:

\$64.00/1 unit = 30 minutes

\$128.00/2 units = 60 minutes

You will be scheduled for \_\_\_\_\_ appointments/ per week/ month. The number of units you will be scheduled for is diagnosis dependent and will be determined following your Sensorimotor/ Developmental Vision Evaluation assessments.

2. Progress evaluations with the doctor are scheduled after every 16-20 units or every 3 months throughout the duration of the program: \$97.00-142.00 progress evaluation

3. Equipment that is taken home for use is the responsibility of the patient or parents/guardians.

There will be a one-time, non-refundable equipment usage charge at the outset of therapy:

\$100.00 Equipment Fee

If any equipment is lost or damaged beyond normal wear, however, the patient or parent/guardians agree to pay for the item.

Vision therapy sessions are payable before each session. If transportation is provided to therapy by someone other than the parent/guardian, we ask that a check either is brought to the first session of the month for the entire month or at each individual session. For your convenience, we will, at your request, supply you with a form that will allow us to automatically charge your credit card account at a designated time each week.

### Insurance Coverage

Some insurances or health plans may pay for the Vision Therapy (with certain diagnoses). A form/receipt will be given upon your request so that you may bill your insurance company.

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Additional Materials and Services

There may be additional materials, services and computerized software programs that we recommend to enhance and increase the success of the vision therapy program. We will be using these programs during therapy sessions and will demonstrate them to you before you would purchase them for an additional fee.

Computerized programs are available to improve eye coordination, reading fluency, and visual processing (they DO NOT replace office vision therapy, but are considered a supplement to home vision therapy).



I have read and understand this policy. I will be responsible for all fees including those denied by insurance or considered by health plans as non-medical expenses.

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

Signature (patient or parent/guardian) \_\_\_\_\_

Thank you for your time and commitment to the Snowy Range Vision Center Vision Therapy Program. We look forward to working with you!