BINOCULAR VISION AND VISUAL SKILLS CLINIC

Policies for Visual Therapy and Visual Training Equipment

Visual therapy is a set program of specialized visual activities that are designed to enhance visual abilities and remediate visual dysfunction.

Your individually designed visual therapy will consist of blocks of visual therapy sessions combined with daily home vision sessions of 30 minutes. Each block of visual therapy consists of eight visual therapy sessions.

We recommend that you keep your appointments on the same day and time each week until your treatment is completed. This way, you will be able to be treated by the same Optometric Intern and attending Clinical Instructor.

Financial Arrangements
The fee for one block of eight sessions is $1020.00. You may secure your place on the VT schedule with a deposit of $200.00 prior to the first therapy session. Credit cards are accepted.

Visual Training Equipment
During the course of visual therapy, we will be prescribing various procedures and activities as home exercises. Many of those exercises will require special equipment. A complete set of visual therapy equipment may be purchased through our clinic for $225.00. A majority of this equipment will be useful as refresher exercises well after the completion of your therapy. If you choose to return the equipment, we will credit you $50.00 toward further services. In the event that the equipment is lost, broken or worn beyond usefulness, no credit will be extended.

Canceled or Missed Appointments
Regular weekly appointments and daily home training sessions are important for a successful program. If you are unable to keep an appointment, please give us 24 hours notice. No-show visits (missed appointments without 24 hours notifications) will be charged $45.00. Inconsistent appointment attendance or two consecutively missed appointments without notice may result in dismissal.

If you have any questions regarding fees and scheduling, please call 510-642-2020.

For questions regarding your therapy, please call the attending Clinical Instructor at 510-642-2020.

I have read and understand the policies for Visual Therapy and Visual Training Equipment.

Guardian of Patient’s Signature: ___________________________ Date: ___________________