Dr. Tammy J. Panner
Dr. Joanna L. Wen

General and Behavioral Optometrists
8140 Ashton Avenue,Suite 115 Manassas, VA 20109 703-361-8284

VISION THERAPY FINANCIAL AGREEMENT

PATIENT'S NAME: _____

TYPE OF PROGRAM RECOMMENDED: **Office-based vision therapy**

PROJECTED VISION THERAPY PROGRAM:

Fee for one visit: $155.00. This fee does not cover glasses.
Current Procedural Terminology (CPT): 99211 – Office Visit with Evaluation and Management
92065 – Orthoptics/Pleoptics
99199 – Visual Perceptual and Oculomotor Therapy
Number of sessions per week: 2 sessions, each 45 minutes in length. 14 sessions in 1 series.
Estimated length of therapy program: _____ Series
If additional series of treatment are required, recommendations will be made at the progress evaluation. Progress evaluations during therapy are included in this fee.

METHOD OF PAYMENT:

I agree to pay in the following manner:

We will bill Medicare and your secondary insurance for the above CPT codes. The patient is responsible for the balance after Medicare and secondary insurance have paid. As per the Advance Beneficiary Notice of Noncoverage (ABN), one-on-one, visual perceptual, and oculomotor therapy is a noncovered service and a $20 fee will be due at each visit.

Signature _____ Date_____