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 (private)**

PROJECTED VISION THERAPY PROGRAM:

Fee for one series (14 visits): $1820.00. This fee does not cover glasses.
Number of sessions per week: 2 sessions, each 30-45 minutes in length.
Estimated length of therapy program: _____ Series _____Months
The fee of $1820.00 covers the minimum treatment time of one 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:

Payment in full is discounted 10%. The amount of $1638.00, after a 10% discount of $182.00, covers the minimum treatment time and the payment is due at the 1st session of the series.

Signature _____ Date_____

Payment of $910.00 for ½ the series is due at the first session; the remaining payment of $910.00 is due at the 8th visit.

Signature _____ Date_____

Weekly payments of $260.00 each.

Signature _____ Date_____