



What to expect at the Initial Evaluation

▪ **Binocular Vision Evaluation (99204)** **\$295.00**

The purpose of this test is to more thoroughly examine your visual system. The ability to keep the things we see single and clear is dependent on our binocular (eye coordination) and accommodative (focusing) systems. The following tests (among others) may be performed at the vision therapy evaluation:

Eye-Teaming Skills – Precisely measures depth perception and eye coordination to determine visual stamina, the ability to complete near visual tasks such as reading for extended periods of time.

Accommodative Dynamics – Lens tests to study the accuracy and efficiency of the focusing system, as in shifting from the desk to the blackboard and back.

▪ **Visual Information Processing Evaluation (99199)** **\$ 65.00**

Note: A binocular evaluation must be performed in conjunction with a vision information processing evaluation so that we may obtain the most accurate treatment plan for the patient.

We have recommended a Visual Processing Evaluation for your child to determine if they have the visual perceptual skills needed for school. Problems with these skills can act as barriers to learning. They can prevent your child from benefitting maximally from standard or remedial education. Examples of poor visual information processing skills are:

- Confusion between b’s and d’s, stemming from poor directionality skills.
- Sloppy handwriting which may be a result of poor eye-hand coordination.
- Poor visual memory, which can prevent your child from recognizing the same word on a different page.

As part of your Visual Information Processing Evaluation, we will perform the following:

Eye Movement Evaluation – This test allows us to see how often the patient skips and rereads words when reading. It also measures reading speed and efficiency and compares it to other people the same age and gender.

▪ **Sensorimotor Exam (92060)** **\$ 60.00**

This procedure is an evaluation of eye teaming abilities in different positions of gaze which is often affected by head trauma or injury.

▪ **Refraction (92015)** **\$ 55.00**

This test is what the doctor uses to check your visual acuity and get your eyeglasses prescription, if needed.

Total for the Initial Evaluation (to be paid at time of service) = \$475.00

I have read the above explanations of the testing to be done and understand the reasons for the recommended evaluations, fees and payment policy.

Patient Name: _____

Patient / Parent Signature: _____ Today’s Date: _____

Date of Appointment: _____ Time: _____