

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

GET AN ELECTRONIC OR PAPER COPY OF YOUR MEDICAL RECORD

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information. We may charge a reasonable, cost-based fee.

ASK US TO CORRECT YOUR MEDICAL RECORD

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days

REQUEST CONFIDENTIAL COMMUNICATIONS

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

ASK US TO LIMIT WHAT WE USE OR SHARE

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

GET A LIST OF THOSE WITH WHOM WE’VE SHARED INFORMATION

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to

make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

GET A COPY OF THIS PRIVACY NOTICE

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

CHOOSE SOMEONE TO ACT FOR YOU

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

FILE A COMPLAINT IF YOU FEEL YOUR RIGHTS ARE VIOLATED

- You can complain if you feel we have violated your rights by contacting us at 804-387-2902.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.
- If we intend to use or disclose your substance use disorder records (subject to 42 CFR Part 2) for fundraising purposes, you have the right to elect not to receive such communications before we send them.

Our Uses and Disclosures

HOW DO WE TYPICALLY USE OR SHARE YOUR HEALTH INFORMATION?

We typically use or share your health information in the following ways:

TREAT YOU

We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

RUN OUR ORGANIZATION

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

BILL FOR YOUR SERVICES

We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

HOW ELSE CAN WE USE OR SHARE YOUR HEALTH INFORMATION?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

SUBSTANCE USE DISORDER RECORDS (42 CFR PART 2)

- **Use and Disclosure:** We may use and disclose your substance use disorder records subject to 42 CFR Part 2 for treatment, payment, and health care operations as permitted by law.
- **Prohibition on Use in Legal Proceedings:** We are prohibited from using or disclosing your substance use disorder records subject to 42 CFR Part 2 in any civil, criminal, administrative, or legislative proceedings against you without your specific written consent or a court order.

HELP WITH PUBLIC HEALTH AND SAFETY ISSUES

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

DO RESEARCH

We can use or share your information for health research.

COMPLY WITH THE LAW

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

RESPOND TO ORGAN AND TISSUE DONATION REQUESTS

We can share health information about you with organ procurement organizations.

WORK WITH A MEDICAL EXAMINER OR FUNERAL DIRECTOR

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

ADDRESS WORKERS' COMPENSATION, LAW ENFORCEMENT, AND OTHER GOVERNMENT REQUESTS

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

RESPOND TO LAWSUITS AND LEGAL ACTIONS

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you

Virginia Neuro-Optometry | Notice of Privacy Practices

Last Updated: 01/26/2026

tell us we can, you may change your mind at any time.
Let us know in writing if you change your mind.

FOR MORE INFORMATION SEE:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

CHANGES TO THE TERMS OF THIS NOTICE

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

Virginia Neuro-Optometry Practice Policies & Patient Information

This document contains important information about Virginia Neuro-Optometry’s policies, patient rights, financial practices, communication standards, and clinic expectations. This document is provided as an ANCILLARY reference to your intake paperwork. Acknowledgment of these policies is included in the intake consent.

ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES (HIPAA)

Virginia Neuro-Optometry is committed to protecting the privacy and security of your protected health information (PHI). We may use or disclose PHI for treatment, payment, and healthcare operations as permitted by law. Patients have the right to access, amend, request restrictions, request confidential communications, and receive an accounting of disclosures. A full Notice of Privacy Practices is available upon request or on our website.

<https://www.virginianeurooptometry.com/patient-forms>

GENERAL CONSENT TO EVALUATION & TREATMENT

By receiving care at Virginia Neuro-Optometry, patients (or legal guardians) consent to diagnostic evaluations, testing, and treatment deemed medically necessary by the provider. It is the responsibility of the individual treating healthcare providers to explain the reasons for any particular diagnostic examination, test or procedure, the available treatment options and the common risks and anticipated burdens and benefits associated with these options as well as alternative courses of treatment. No guarantees are made regarding outcomes of such testing or treatment options. Patients retain the right to refuse any specific test or treatment at any time.

COMMUNICATION & ELECTRONIC CONTACT

The practice may communicate with patients via phone, text message, email, or secure patient portal for purposes including appointment reminders, clinical communication, billing, and requested documentation.

Telephone Consumer Protection Act (TCPA) Opt-In Consent: Virginia Neuro-Optometry utilizes an automated patient notification system to notify patients of their upcoming appointment quickly and efficiently. You must “opt in” to consent to receive automated communications on your mobile device. You can opt out at any time – just let our office know or reply “STOP.”

Our SMS Terms & Conditions and Privacy Policy can be found online:

<https://www.virginianeurooptometry.com/patient-forms>

Email: Standard email is not HIPAA-compliant. While our practice's clinical email accounts are HIPAA-compliant, most popular email services individual patients use (ex. Hotmail®, Gmail®, Yahoo®, etc), do not utilize encrypted HIPAA-compliant email practices, which is why we have a patient portal for all communication. Patients who elect email communication acknowledge and accept this risk - but we encourage you to send information to us on the portal or ask for an encrypted email chain prior to sending protected health information to protect your data.

Patient Portal: We use www.onpatient.com for our secure patient portal. Please acknowledge the following:

- Purpose of the Patient Portal: The patient portal is an online platform that allows you to access your personal health information, communicate with healthcare providers, request appointments, and perform other related tasks. By using the portal you understand the communication with you and your provider is HIPAA compliant.
 - Please note that patient messages cannot be monitored at all times by clinicians as they are with patients or outside of office hours, if you are having an emergency or urgency please call the clinic, your physician, or 911/go to the emergency room. Do not put it in a patient portal message which may take up to 1+ week to be read depending on volume
- Security and Confidentiality: Virginia Neuro-Optometry has implemented security measures to protect the confidentiality and integrity of your health information. No online platform can guarantee absolute security, but this platform is HIPAA compliant and, should a breach occur, you will be notified.
- Responsibility for Account Access: Patient is responsible for maintaining the confidentiality of their patient portal login credentials. They should notify Virginia Neuro-Optometry immediately if they suspect unauthorized access.
- Termination of Access: Virginia Neuro-Optometry reserves the right to terminate access to the patient portal at any time, with or without cause. The patient will be notified in advance if such action is taken.

TELEMEDICINE SERVICES

Telemedicine services may be used for evaluation and follow-up using HIPAA-compliant platforms. Potential limitations include technical issues or the need for in-person care. Patients may withdraw consent to telemedicine at any time without affecting future care. A credit card must be stored online for telemedicine visits to be billed appropriately at the time of visit.

FINANCIAL POLICIES & OUT-OF-NETWORK STATUS

Virginia Neuro-Optometry is a **fee-for-service, out-of-network practice and does not participate with/accept/bill commercial insurance plans**, Medicare, Medicaid, or Tricare. We do accept Workers' Compensation cases, and your adjuster/case manager can contact the office for further inquiry. Payment is due at the time of service. Superbills may be provided upon request for patient-submitted reimbursement. Good Faith Estimates are provided in compliance with the No Surprises Act.

The advantages of working with an out-of-network provider includes increased time with the doctor (most intake appointments are 60-90 min with the doctor, not a technician or an assistant), and a more personalized therapeutic experience as your insurance does not dictate the testing done or the treatment schedule. This allows for more flexible treatment options for patients including home-based therapy, telemedicine, and scheduling.

While we do not accept insurance, several services are sometimes covered by certain individual insurance policies even though they we out of network provider(s). We can provide you with the superbill at the end of your appointments to submit to your insurance for reimbursement. To know if your insurance policy offers out of network reimbursement:

- Check with your insurance company's Summary of Benefits to see if you have "Out of Network" benefits as part of your "insurance product."
- Call the number on the back of your insurance card to make sure you have out of network benefits and consider asking these questions:
 - How much is my deductible and how much has been met this year?
 - What is my out of network deductible for outpatient professional services and outpatient occupational therapy?
 - Are there specific CPT codes that can be billed by my out of network providers and what do they reimburse for? A list of our most commonly used codes can be found on our Good Faith Estimate.

CANCELLATION, LATE ARRIVAL & NO-SHOW POLICY

A minimum of 24 hours' notice is required for appointment cancellations. Late cancellations or no-shows will result in fees of \$25-50. Patients arriving more than 15 minutes late may need to reschedule and may still be responsible for appointment charges. Repeated missed visits may require pre-payment for future appointments.

ILLNESS & SAFETY POLICY

To protect medically vulnerable patients, individuals who are ill are asked to reschedule appointments. This includes patients and anyone accompanying them. Please do not come to our office when sick. We will not charge you a late cancellation fee if you are in good faith cancelling to keep our staff, clinicians, and other patients healthy.

WORKPLACE VIOLENCE & SAFETY ACKNOWLEDGMENT

Virginia Neuro-Optometry maintains a zero-tolerance policy for workplace violence, threats, harassment, or disruptive behavior to ensure the safety of patients, staff, and providers. We agree to treat all individuals in the clinic with respect and to follow clinic policies and staff instructions. We ask that all patients and guests acknowledge that verbal abuse, intimidation, aggressive behavior, physical violence, throwing objects, bringing weapons, or actions that interfere with patient care or staff safety are prohibited and may result in immediate removal from the clinic, termination of the patient-provider relationship, and/or involvement of law

enforcement when appropriate. This includes in-person, telehealth, and telephone interactions.

WAITING AREA & CLINIC ETIQUETTE

Virginia Neuro-Optometry serves patients with brain injury, neurologic conditions, and neurodivergent/neurosensory sensitivities. In order to accommodate their needs and ensure that everyone in our care has a positive, respectful, and safe experience during their visit, we ask that you observe our waiting area and office etiquette guidelines below. Additional accessibility accommodations are available upon request - please let our staff know what you may need.

Maintain Quietness:

- Our patients can be hypersensitive to sound and it can cause them symptoms and distress.
- **Please turn off or silence your mobile devices.**
- If you brought a child with you and/or you are being entertained by a device please make sure the **sound is off or use headphones** if listening to music or watching videos.
- **Please don't take phone calls or have loud conversations in the waiting room.** You may step outside if you need to take a phone call while waiting for or during your appointment.

Supervise your Children/Dependents:

- Children/dependents must be accompanied and supervised for their safety and the comfort of others.
- Children/dependents should remain with their guardian at all times and not be left unattended.

Be Mindful of others

- Respect personal space - Allow adequate space between yourself and other patients or visitors to avoid overcrowding.
- **If you are sick, please stay home and reschedule your appointment,** even if you are COVID negative. There are other illnesses aside from COVID that can be transmitted to other patients including virus and bacteria, and many of our patients are immune-compromised - a small cold for you may be fatal for others.
- **Avoid strong scents** – Please refrain from using perfumes or scented products, as these can trigger migraines for some patients.

Safety, Comfort, and Accessibility to All!

- Please follow any clinic rules and staff instructions provided by clinic staff to ensure the safety and comfort of all patients
- If you notice any issues or have concerns, inform a staff member immediately so we can make a change

- Accessibility: Our office is located on a ground floor and is wheelchair, walker, and gurney accessible. **If there are any accommodations you would like/need for us to better serve you, please call our office ahead of time to let us know what you need.**

AI-ASSISTED PATIENT INTAKE & DOCUMENTATION POLICY

This policy explains how Virginia Neuro-Optometry may use temporary audio recordings and artificial intelligence (AI) tools during patient visits to improve the accuracy, completeness, and efficiency of clinical documentation. This policy is provided for transparency and patient understanding and is ancillary to the practice intake paperwork.

PURPOSE OF AI-ASSISTED DOCUMENTATION

Virginia Neuro-Optometry may use AI-assisted transcription tools during select patient encounters solely to support accurate medical charting. The goal is to reduce documentation burden while allowing providers to focus on patient care.

HOW RECORDINGS ARE USED

When used, audio recordings are captured locally in a closed system only (not cloud-based) during the patient encounter and used exclusively to assist with generating the clinical note. All AI-generated content is de-identified, HIPAA compliant, reviewed, edited, and approved by the treating provider.

NO STORAGE OR RETENTION OF RECORDINGS

Virginia Neuro-Optometry does not store, archive, or retain audio or video recordings of patient visits. Recordings are temporary and are deleted after documentation is completed. Audio recordings do not become part of the permanent medical record. They are only for reference for the clinician when the chart note is being completed to ensure your history is documented accurately.

AI LIMITATIONS AND SAFEGUARDS

AI tools are used only as documentation aids and do not independently diagnose, treat, or make clinical decisions. No recordings are used for marketing, data training, or non-clinical purposes.

PATIENT PRIVACY & CONFIDENTIALITY

AI-assisted documentation is implemented with attention to patient privacy and confidentiality. The practice takes reasonable measures to comply with applicable privacy laws, including HIPAA.

PATIENT AWARENESS & OPT-OUT

Patients may ask questions about AI-assisted documentation at any time. If a patient prefers not to have AI-assisted documentation or temporary recording used, the provider will document the visit using traditional methods.

POLICY SCOPE & UPDATES

This policy applies to all clinicians and staff involved in patient documentation at Virginia Neuro-Optometry. The practice may update this policy as technology and regulations evolve. The most current version is available upon request.

Virginia Neuro-Optometry

Description of Services and Fees/Good Faith Estimate

This Good Faith Estimate (GFE) is provided in compliance with the No Surprises Act to help you understand the expected costs of care at Virginia Neuro-Optometry. This estimate reflects typical fees for common services but is not a guarantee of final charges. Every patient is unique, and actual services may vary based on medical complexity and clinical findings.

FINANCIAL POLICIES & OUT-OF-NETWORK STATUS

Virginia Neuro-Optometry is a fee-for-service, out-of-network practice and does not participate with commercial insurance plans, Medicare, Medicaid, or Tricare. We do accept Workers' Compensation cases, and your adjuster/case manager can contact the office for further inquiry. Payment is due at the time of service. Superbills may be provided upon request for patient-submitted reimbursement. Good Faith Estimates are provided in compliance with the No Surprises Act.

WHY OUR CARE IS DIFFERENT

Virginia Neuro-Optometry is a specialty, fee-for-service practice focused on patients with complex neurologic, developmental, and brain-based visual conditions or atypical visual-cognitive complaints/double vision. Our evaluations are significantly longer and more specialized than a standard eye exam or therapy intake. All evaluations are performed **1:1 with a licensed doctor or occupational therapist with post-doctoral training**, not by technicians or assistants. Visits typically range from **45 minutes to over 2 hours of direct-doctor time**, include in-depth clinical reasoning, interpretation, and care coordination, and often involve complex neurologic and brain-injury-related conditions or examination techniques outside of typical primary care.. Appointments are significantly longer than standard eye or therapy visits and include detailed clinical reasoning, interpretation, coordination of care, and individualized treatment planning and review of prior providers records to reduce redundant testing. Fees reflect the time, expertise, and personalized nature of this care.

SUMMARY OF TYPICAL COSTS

Exact fees depend on clinical complexity and additional services required to evaluate the issue at hand. Additional testing (such as refraction, dilation, or imaging) may be recommended based on medical necessity. We pride ourselves in not doing unnecessary or repeat testing if it has been done prior and is deemed adequate for the concerns at hand, as many of our patients have seen multiple providers prior to seeing us and we are mindful of this and are not interested in unnecessary testing nor financial burden. (Prices listed are after cash-pay discount applied).

- Comprehensive Neuro-Optometric Evaluation: ~\$475-\$625
- Developmental Pediatric Neuro-Optometric/CVI Functional Evaluation: \$475-625
- Routine Pediatric/Adult Strabismus/Amblyopia Eye Exam: \$275-475
- Pediatric Visual Processing Evaluation: ~\$475-\$650
- Occupational Therapy Visual-Cognitive Evaluation/Intake: \$175-400
- Adult Neuro/Visual-Cognitive Evaluation (OT): ~\$750-1250
- Vision/Cognitive Rehab Visits: \$75-\$225 depending on time of visit and level of complexity

Neuro-Optometric Evaluation (OD)

\$475-625

Direct Doctor-Patient Time: 60-90 minutes

This evaluation assesses how the visual system and brain work together. It is commonly recommended for pediatric patients and adults with concussion, traumatic brain injury, stroke, migraine, double vision, dizziness, or neurologic visual field loss. The visit includes extensive patient history/intake, in-depth assessment of eye teaming, focusing, tracking, visual motion sensitivity, and functional visual complaints, along with interpretation and treatment planning. The goal of the initial neuro-optometric evaluation is to determine what is the cause of the visual complaint and work together with the patient and family to create the best individualized treatment plan, and when applicable initiate treatment for the patient. Treatment options may include an individualized home-based vision therapy plan, prism glasses, tinted glasses, lifestyle adaptations, and/or surgical referral – all of which will depend upon the examination findings.

Developmental Pediatric Neuro-Optometric/CVI Evaluation (OD)

\$475-625

Direct Doctor-Patient Time: 60-90 minutes

This specialized evaluation is designed for infants and children with known or suspected neurologic injury or developmental visual conditions like cortical visual impairment, cerebral palsy, prematurity-related neurologic injury, hypoxic-ischemic injury, genetic or metabolic neurologic conditions, stroke, seizure, disorders or acquired brain injury as well as global developmental delay with visual concerns, This is not a routine pediatric eye exam, this visit focuses on how the developing brain processes visual information and how vision impacts motor development, learning, communication, and daily function. The evaluation may include, assessment of visual attention, fixation, tracking, and eye movements, functional vision assessment (how the child uses vision in real-world tasks, including specific recommendations for academic modifications, visual modifications for non-verbal language devices based on the child’s individual needs), visual field awareness, binocular vision and ocular motor function, and care coordination with OT, PT, early intervention and school teams.

Pediatric Comprehensive/Functional/Amblyopia Eye Exam

\$275-475

Direct Doctor-Patient Time: 45-75 minutes

This examination is designed for neuro-typical infants, children, adolescents and adults with visual concerns affecting learning, development, or daily activities. It is appropriate for patients without known neurologic conditions and is commonly recommended for concerns such as lazy eye (amblyopia), eye turns (strabismus), reduced depth perception, binocular vision disorders (BVD), poor eye tracking or skipping lines while reading, headaches/eye strain/visual fatigue with school work, reading difficulties or suspected visual contribution to learning challenges. This is more comprehensive than a routine pediatric eye exam and focuses on both eye health and visual function. We also have the ability to do an adaptive eye examination for patients who need a mobile-equipment eye examination due to mobility concerns in standard eye care settings.

Additional/Isolated Procedures: Every patient is different and not every patient needs every procedure performed – especially if they are being co-managed with another eye doctor. To be able to flexibly accommodate for this factor and make our services affordable, the following procedures may be needed in addition to your neuro-optometric examination and/or in place of the comprehensive neuro-optometric examination depending on the case and co-management with your primary eye care doctor. These will only be added on after discussion with you on the necessity of the service.

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| ● CPT 92015: Glasses Refraction | \$50-75 |
| ● CPT 99212: Separate exam for Dilated ocular health exam | \$125 |
| ● CPT 92060: Sensory-oculomotor examination | \$175 |
| ● CPT 92065 Orthoptics Vision Therapy in-office 45 min visit | \$150 |

- CPT 92133/92134 Optic Nerve/Retinal Scan Testing/Interpretation \$35-125
- CPT 92081/92082/92083 Automated Visual Field Interpretation \$75-225
- CPT 92250 Fundus Photography Testing/Interpretation \$25
- CPT 92285: External Photography/Video w/ report \$50
- CPT 95919: Pupillometry \$25
- CPT 0506t: Macular Pigment Density Testing \$25
- CPT 99173: Flicker Frequency Testing (for flickering light photophobia) \$25
- RightEye® Objective Eye Tracking \$50

Pediatric Visual Processing Evaluation (OT/OD) \$475-650

Direct Doctor-Patient Time: 1-2 hours

This evaluation assesses visual processing skills (how the brain interprets what it sees) related to learning, reading, and classroom/functional performance. It is a detailed, comprehensive examination of visual processing skills including visual attention, visual/cognitive processing speed, visual memory, spatial awareness and visual crowding. Results will/may guide educational accommodations and therapy planning as needed per patient, and all results are interpreted and treatments planned by both Dr Theis and Dr Sheard. Includes visit for testing, clinician time in grading and writing the report, and a separate visit to review results with patient/parents.

Occupational Therapy Evaluation/Intake (OT) \$175-400

Direct Doctor-Patient Time: 30-90min

This initial occupational therapy evaluation is designed to understand how visual, cognitive, motor, and sensory challenges impact a patient’s daily function, learning, work, and participation in everyday activities. Price varies based on time of evaluation and complexity of case.

Adult Visual Processing/Neuro-Cognitive Testing (OT) \$750-1250

Direct Doctor-Patient Time: 2 hours

This evaluation examines how the brain processes information cognitively after neurologic injury. It is a detailed, comprehensive evaluation of processing skills including but not limited to memory, executive function, attention, lifestyle management, and includes a comprehensive occupational therapy evaluation of the individual’s current lifestyle/environmental status, to create a realistic, patient-centered, and individualized rehabilitation plan.

Neuro-Optometric/OT Rehabilitation Follow Up & Vision Therapy Appointments \$75-225

Rehabilitation visits may be provided by a doctor of optometry or occupational therapist depending on the clinical needs. We offer both home-based (telemedicine) and in office vision therapy and visual-cognitive rehabilitation. Our rehabilitation is individualized, we do not mandate a specific number of visits, as rehab is based on the individual’s need based on diagnostic testing and patient goals. Cost of rehab is based on time of visit and complexity of rehab.

15 min	\$75	30-45 min	\$150-175
15-30 min	\$125	45-75 min	\$175-225

Vision Rehabilitation Equipment

Occasionally, some of the vision exercises used in neuro-optometric rehabilitation may require equipment. As you progress through your rehab, you will be able to purchase the equipment through our clinic. If you need it to be shipped, we ask that you cover all shipping expenses. CPT V2799 prices vary from \$5-200 for physical equipment and/or computer software subscriptions

Paperwork/Letters: If you need a formal letter/paperwork to be filled out that requires extensive time outside of your patient visit, you may be billed a fee of \$25-125 depending on complexity of demand/time needed.

Additional Fees

Cancellation Policy, Late Arrival Policy, and No-Show Fee:

As a specialty practice, we are committed to providing you with the best possible health care experience. Our goal is to be able to see patients as soon as possible and provide a high level of service and our appointment slots are in high demand. Whenever a patient fails to show for an appointment or cancels at the last minute, another patient is deprived of treatment. If you are unable to keep your appointment, we require **24 hours cancellation notice**.

- **No-Show/Late Cancellation Fee:** for initial evaluations will be charged \$50 and \$25 for follow-up visits. If multiple visits are missed, a non-refundable pre-payment for exam may be required.
- **Late Arrival:** If you arrive more than 15 minutes late for your appointment, your provider may not be able to see you and you will be asked to reschedule your appointment. The late cancellation fees will be charged. If your provider is able to see you, you are still responsible for the full cost of the appointment. Please call our office if you are running late so we can accommodate you as best we can.

Bounced Check: If you prefer to pay with a personal check and your check bounces, you will be charged an additional fee of \$25.

Payment Options

1. Payment is due at the time of service, by cash, check or debit/credit card
2. We are a fee-for-service practice, you may be able to submit to your insurance for out of network reimbursement depending on your plan. We will provide you an itemized bill and access to your examination for submission but we will not submit documentation to your plan/forms etc (this often leads to confusion with the insurance company and they reimburse us instead of you - so this is to ensure the payment from the carrier goes to you)
3. You cannot submit to Medicare for reimbursement - this is a Medicare rule
4. All telemedicine visits must be paid at the time of service via a pre-saved credit card on file.

Worker's Compensation and Medico-Legal Cases

We accept Worker's Compensation insurance. Please contact your case manager/attorney and inquire about having an examination with Dr. Theis or Dr Sheard. Your case manager will need to contact the office at 804-387-2902 and provide written authorization for evaluation and treatment prior to being scheduled.

Statement of Financial Responsibility

Patient must acknowledge that they are legally responsible for all charges in connection with the care and treatment provided by representatives of Virginia Neuro-Optometry. They must assign and authorize payments to Virginia Neuro-Optometry. Patient understands this business is a fee-for-service entity and does not accept private/commercial/medicare/medicaid insurance. They understand that the patient can submit for reimbursement to their insurance on their own (except in the case of Medicare – see Medicare notice -this is their policy). Patient understands that insurance carrier may not approve or reimburse medical services in full due to usual and customary rates, benefit exclusions coverage limits, lack of authorization or medical necessity. In compliance with the No Surprises Act: Patient understands that this Good Faith Estimate (GFE) is only an estimate. There may be additional items or services recommended or as part of the course of care that must be scheduled separately. Patient has the right to initiate the patient-provider dispute resolution if the actual billed charges are substantially in excess of those included in the GFE. You are not required to receive services beyond those you agree to, and you may ask questions about costs at any time.

SMS Privacy Policy

Effective Date: 8/8/2025

Website: www.VirginiaNeuroOptometry.com

Contact Email: info@virginianeurooptometry.com

Virginia Neuro-Optometry is committed to protecting your privacy. This SMS Privacy Policy explains how we collect, use, and protect the personal information you provide when you opt in to receive SMS messages from us. This policy supplements our general Privacy Policy, which can be found here:

[Link to Full Privacy Policy on www.VirginiaNeuroOptometry.com](http://www.VirginiaNeuroOptometry.com)

1. Information We Collect

When you opt in to receive SMS messages from us, we may collect the following information:

- Your mobile phone number
- Your name (if voluntarily provided via form or account registration)
- Communication preferences
- Date, time, and content of your messages with us

We do **not** collect sensitive personal information such as credit card numbers or Social Security numbers via SMS.

2. How We Use Your Information

We use your information to:

- Send you appointment reminders, updates, or billing notifications
- Provide you with promotional offers, if applicable
- Respond to customer service inquiries
- Improve our communications and services

We will only use your mobile number for the purposes explicitly stated when you provided your consent.

3. SMS Consent Is Not Shared

SMS consent is not shared with third parties or affiliates.

Your opt-in to receive SMS messages is solely for communications from **Virginia Neuro-Optometry** and will not be sold, rented, or disclosed to external marketing firms, data brokers, or unaffiliated parties.

4. How We Share Your Information

We do **not** share, sell, or distribute your SMS information with third parties for their own marketing purposes.

We may share your information with trusted service providers who help us deliver messages (such as SMS platforms or carriers), but only as necessary to provide the service, and under strict confidentiality agreements.

5. Data Security

We take reasonable administrative, technical, and physical measures to protect your personal information from unauthorized access, use, or disclosure.

6. Your Rights and Choices

You can opt out of receiving SMS messages at any time by replying **STOP** to any message. If you wish to update your contact information or have questions about how we use your information, please contact us at the information below.

7. Children's Privacy

We do not knowingly collect or solicit SMS information from individuals under the age of 13. If we become aware that we have collected personal information from a child without appropriate consent, we will delete that information promptly.

8. Changes to This Privacy Policy

We may update this policy occasionally. Updates will be posted on this page with the "Effective Date" listed above. Your continued use of our services following any updates indicates your acceptance of the revised policy.

9. Contact Us

If you have any questions or concerns about this SMS Privacy Policy, please contact us:

Virginia Neuro-Optometry

10124 W Broad St, Suite E, Glen Allen, VA 23060

info@virignianeurooptometry.com

804-387-2902

Website: www.VirginiaNeuroOptometry.com

Mobile Opt In, SMS Consent, and phone numbers collected for SMS Communication purposes will not be shared with any third party or affiliates for marketing purposes

SMS Terms & Conditions

Effective Date: 1/29/2026

By opting in to receive SMS messages from **Virginia Neuro-Optometry** you agree to the following terms and conditions. These terms apply when you provide your mobile phone number and consent to receive SMS text messages from us.

Types of SMS Communication

By subscribing to SMS communications from **Virginia Neuro-Optometry**, you agree to receive text messages regarding appointment reminders, product or service updates, promotional offers, billing notices, and other relevant business communications.

Message Frequency

Message frequency will vary depending on your interaction with us, but you may receive up to **1-2x a month**. Standard message and data rates may apply.

Fees

Your carrier's standard messaging and data rates may apply to any SMS messages sent to or from you. **Virginia Neuro-Optometry** is not responsible for these charges.

How to Opt Out

You can opt out of receiving SMS messages at any time. To do so, simply reply "STOP" to any SMS message you receive. Alternatively, you can contact us directly to request removal from our messaging list. If you want to rejoin, simply reply **START** or opt-in again via our website or forms.

How to Opt in

You may opt in to receive SMS messages from [Company Name] in the following ways (This is an example. Please include the method used.)

- Verbally, during a conversation
- By submitting an online form
- By filling out a paper form

HELP:

For help, reply **HELP** to any message or contact us directly at:

Phone: 804-387-2902

Email: info@virginianeurooptometry.com

Address: 10124 W Broad St, Suite E, Glen Allen, VA 23060

Privacy

Your privacy is important to us. Please review our [Privacy Policy](#) to understand how we collect, use, and protect your information. We do not sell or share your mobile number or SMS opt-in data with third parties for their marketing purposes.

Eligibility

You must be at least 18 years old to participate in our SMS program, or have the consent of a parent or legal guardian.

Carriers

Participating carriers may vary and are not liable for delayed or undelivered messages.

Changes to Terms

We reserve the right to update or amend these SMS Terms & Conditions at any time. Changes will be effective immediately upon posting to our website. Your continued participation in our SMS program constitutes your acceptance of any changes.

Standard Messaging Disclosures:

- Message and data rates may apply.
 - You can opt out at any time by texting "STOP."
 - For assistance, text "HELP" or visit our [Privacy Policy] and [Terms and Conditions] pages.
 - Message frequency may vary
-

Contact Us

If you have any questions about these SMS Terms & Conditions, please contact us at:

Phone: 804-387-2902

Email: info@virginianeurooptometry.com

Address: 10124 W Broad St, Suite E, Glen Allen, VA 23060