



**Michael Gallaway OD, FCOVD, FAOD**  
PEDIATRIC OPTOMETRY & VISION THERAPY

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Fellow, College of Optometrists in Vision Development  
Fellow, American Academy of Optometry  
[www.DrGallaway.com](http://www.DrGallaway.com)

## Insurance Information

Our office is not a participating provider with any health insurance plans and we do not file health insurance claims. The receipt we provide at your initial visit will have a medical procedure code and diagnosis code to be used for your insurance reimbursement submission. If you have out-of-network coverage, you can submit this receipt for reimbursement through the medical (not vision) portion of your insurance.

If you or your child needs vision therapy, you can contact your insurance plan by telephone to find out if you have coverage for VT. **Ask if procedure code 92065 is a covered benefit under your plan (out-of-network).** If not, it will be listed in the medical exclusions section of your contract. Sometimes a letter of medical necessity is needed. If so, please give us your ID number and our staff will provide the letter for you. Please ask your insurance company for an address or fax number where this should be sent. Pre-certification or Patient Utilization Management is not usually required.

### Payment Options for Vision Therapy

We offer three payment options for vision therapy:

1. Monthly option
2. Payment for entire case fee with a discount provided
3. Health care credit card through [CareCredit.com](http://CareCredit.com)

Please [contact our office staff](#) for details.