



**Michael Gallaway OD** FCOVD, FAAO

Fellow, College of Optometrists in Vision Development

Fellow, American Academy of Optometry

**Alissa Gallaway Beckett OD**

## **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 two payment options for vision therapy:

1) **Credit Card:** We accept VISA/MASTERCARD/DISCOVER. If you choose to pay by credit card, we will be storing your credit card information on our secure remote encrypted credit card system. We will charge your card twice per month for sessions during that time. Please see the attendance policy for details about missed visits.

2) **Advance Payment for Entire Fee:** (with cash or check) Your fee will be calculated based on the number of sessions that are estimated to resolve your child's visual problem, with a minimum of 12 sessions required for a discount. When payment is made we will include a 10% discount from the total fee. **This is not available with credit card use.**