



Specialized Visual Solutions
Greensboro Office
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SPECIALIZED VISUAL SOLUTIONS (SVS) “TIMELINESS” POLICY

Most people can become easily frustrated when they are made to wait in a doctor’s office. Oftentimes, this can be for an extended period of time. It is my belief that a portion of the Doctor/Patient goodwill can be negatively affected by each such event. We don’t want that frustration to occur in our practice, and, it is a variable that we can control. Therefore, our SVS “Timeliness” Policy is designed to be mutually beneficial to minimize any frustrations that you might experience, while at the same time, keeping our practice and time management very crisp and well organized.

Therefore, effective July 1, 2006, our Policy is that all Vision Therapy sessions will begin promptly at the beginning of each hour; and, will end promptly at 45 minutes after the beginning of each hour.

The 15 minute gap between appointments will allow for:

Vision Therapist progress recording of the results of the session just completed; and/or,

Vision Therapist progress reporting to the parents on the session just completed; and/or,

Vision Therapist preparation for the next regularly scheduled V.T. patient session

Any patient-related tardiness in beginning a Vision Therapy session will not result in an extension of the originally scheduled 45 minute session (which would conceivably make other timely patients wait), but, will result in the 45 minute session being correspondingly reduced by an amount equal to the tardiness. Obviously, your child’s progress and results are predicated (and guaranteed, in part) by your child receiving the full and regularly scheduled (not partial and/or periodic) benefits that will result from his/her vision therapy treatments.

For practicality purposes, a timer device will be set to sound at 45 minutes after the beginning of each session hour, and this will signal the end of each vision therapy session.

Our signatures on this page indicate our understanding and agreement with this policy.

_____/_____/_____
Family Representative Date

_____/_____/_____
Dr. Mark. W. Roberts, FCOVD Date