

Inquiry About Vision Therapy Availability

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

Dear [Recipient's Name or "Vision Therapy Provider"],

I hope this message finds you well. I am writing to inquire about the availability of vision therapy services at your facility. I am particularly interested in understanding the types of therapies offered, the schedules available, and any necessary procedures for enrollment.

Additionally, I would appreciate any information regarding insurance coverage, costs, and the duration of the therapy sessions.

Thank you for your time and assistance. I look forward to your prompt response.

Sincerely,

[Your Name]