



Notice of Billing and Payment for Transcranial Magnetic Stimulation

Transcranial magnetic stimulation is a treatment for major depressive disorder that has not responded adequately to medication. The procedure for TMS has been described to me in extensive detail.

TMS is provided as a series of treatments Monday through Friday over a series of weeks. There may or may not be a taper course as the treatment is nearing completion. A standard course is 30 treatments over a period of 6 weeks. A course of treatment including the taper may include as many as 36 treatments. In certain cases there may be maintenance TMS treatments at a reduced frequency beyond the 30 or 36 treatments, the purpose of which is to maintain the benefit of the treatment.

I understand that each individual treatment is a billable event. Unless otherwise specified, the standard charge for each individual treatment is \$200 per treatment. Treatments where the motor hotspot and motor threshold are determined cost \$300. Thus, a standard course of 30 treatments will cost \$6,200.

Payment can be made for each individual treatment, weekly, or for the entire course of treatment in advance, at the choice of the patient. Payment can be made by cash, check, or credit card, either online or in person.

If I have a Flexible Spending Account, I may submit my TMS treatment services up to the maximum amount in my FSA.

If I choose, I can apply at Strive to use the Advance Care Program, which provides interest-free financing of the cost of the treatment for 12-14 months. I understand that acceptance to participate in the Advance Care Program depends on several factors, and it is not guaranteed.

I can also choose to have 12 equal monthly payments of \$516.67 automatically deducted from my checking account.

Note to Medicaid recipients: Medicaid pays for the entire course of treatment. However, treatment will not begin until Medicaid has authorized the course of treatment with TMS.

My signature below indicates both understanding of and agreement to the notice described above, and that payment in full is due regardless of the outcome or results of my TMS treatment course.

_____ Name

_____ Signature

_____ Date

For office use:

Method of payment: Cash / Check / Credit in-store / Credit online / Medicaid / Medicare / Tricare / Advance Care / Automatic checking account withdrawals

Frequency of payment: Daily (Individually) / Weekly / Monthly Installments / Full Pre-payment