

Nashville Neurocare Therapy

INSURANCE

A Prior Authorization is required by most insurance before starting TMS Therapy

Prior Authorization Number _____

It is valid for _____ treatments from _____ through _____

Additional authorization **Will / Will Not** be needed after ___ treatments or date _____

Is Dr. West **In-Network / Out-of-Network** with your health insurance plan? (Please circle one)

It is your responsibility to contact the insurance company to review your portion of the treatment cost. Please use the questions below to help guide you.

1. Call Member Services – the number listed on the back of your insurance card.
2. Ask if you have a **deductible**. How much? Has any been met this year? (**You will be responsible for any unmet deductible**)
3. Ask what the **allowed amount** is under your plan for treatment code **90867** (first TMS treatment)? Amount _____
4. What is the **allowed amount** for code **90868** (ordinary TMS treatment)? Amount _____
5. What is the **allowed amount** for code **90869** (TMS treatment plus re-do the assessment by the doctor)? Amount _____
6. What is my **co-pay** (Co-pay is the percentage of the treatment **allowed amount** for which you will be responsible)? Co-pay _____

We want your TMS treatment experience at Nashville Neurocare Therapy to be as beneficial as possible. We have found that being well-informed about what to expect from your insurance company before starting treatment helps greatly. When using **Out-of-Network** benefits you will be responsible for your co-pay in addition to any amount considered “non-allowed” by your insurance.