

Patient MR Code: \_\_\_\_\_

**Great Plains Mental Health Associates, LLC  
FINANCIAL POLICY AND AUTHORIZATION**

**(COMMERCIAL INSURANCE, MEDICARE, MEDICARE PLANS, TRICARE)**

**TMS Institute of Great Plains Mental Health, LLC** makes every attempt to obtain pre-authorization for TMS therapy treatment with your primary insurance carrier; however, patients often have co-pays and deductibles that must be met. Additionally, pre-authorization does not always guarantee coverage. In these cases, the patient is ultimately responsible for payment.

- **TMS Institute of Great Plains Mental Health, LLC** requires payment at time of service. Total out-of-pocket costs are *estimated* prior to starting treatment based on your benefits checks and pre-authorization obtained from your insurance carrier.
  - Any unpaid claim billed to insurance will be the responsibility of the patient
- Patient is responsible for all costs of their treatment, and will also be responsible for any costs incurred regarding bill collection. We do not accept personal or 3<sup>rd</sup> party checks, and prefer credit or debit card rather than cash.
- Duration of treatment is based on treatment plan set by the TMS physician, which may differ from the referring physician
- **Cancellations are billed at \$50.00, if you cancel with less than 24 hours notice on more than two occasions during the course of your treatment.**
  - Patients are allowed two missed appointments
- **Payment Options:**
  - Payment may be made by cash or credit card (*we do not keep credit or debit cards on file in our office.*)
  - Patient will be responsible for all copays and deductibles. The total amount will be divided over the number of treatments and can be paid at each treatment session.
- It is the responsibility of the patient to notify us of any changes in insurance

I hereby acknowledge that I have read, understand and agree to this Financial Policy:

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date