



Tremayne Center for Medicine

817 Coffee Road, Ste D, Modesto, CA 95355

Phone 209-549-1600 • Fax 209-549-1601

www.tremaynemedicine.com

Patient name: _____

Date of birth: __/__/____

ADVANCED BENEFICIARY NOTICE OF NONCOVERAGE OF KETAMINE INFUSION THERAPY

Your insurance does not pay for everything, even some care that you or your health care provider have good reason to think you would benefit from. We DO NOT bill insurance for Ketamine Infusion Therapy.

Ketamine Infusion Therapy

\$275 - initial consult

\$400 – Single Treatment

\$1,850 – pre-payment for series of five (5) treatments

Payment for Ketamine Infusion Therapy is due at time of scheduling. There is a 48 hour cancellation notice required or full infusion fee will be charged.

Check only one box below.

- I want the Ketamine Infusion Therapy listed above, and understand you will not bill my insurance. I understand that I am responsible for payment prior to treatment. **I also understand that I cannot appeal if my insurance is not billed.**
- I do not want the Ketamine Infusion Therapy listed above. Therefore, I am not responsible for any payment.

This notice gives our opinion, not an official insurance decision. If you have other questions on this notice or insurance billing, call the billing number on the back of your insurance card. Signing below confirms that you have received and understand this notice.

Signature of patient

Date

Signature legal representative and description of legal authority

Date