



Trinergy Center for Integrative Psychiatry, LLC

Aruna Tummala, MD, ABIHM

12800 W National Ave, New Berlin, WI

Ph: 262-955-6601/262-955-6600. Fax: 1-888-971-4145

www.trinergyhealth.com email: draruna@trinergyhealth.com

Notice of Financial Terms

General Terms:

Trinergy is a 'Direct Pay' clinic (cash based practice). Trinergy's Medical Director, Dr Aruna Tummala, does not accept any health insurance for her work at Trinergy Center for Integrative Psychiatry. She becomes, by default, an out of network provider for all insurance companies. Patients are provided with invoices (with all the requisite information typically requested by insurance companies) to submit to their insurance company for reimbursement. Insurance reimbursement depends on individual patients' policy terms. Dr Tummala is not responsible for filing or ensuring insurance reimbursements. Please check with your insurance company before making an appointment.

Dr. Tummala is not accepting payments from Medicare at this time. However, Dr. Tummala can provide services to Medicare patients on a private pay basis. This means that Medicare will not reimburse the patient, nor pay Dr. Tummala. However, in order to accomplish this, the patient will have to sign a waiver stating that they will **not seek** reimbursement from Medicare for services provided at Trinergy Health. Dr Tummala does **not accept Medicaid** (T-19, BadgerCare, forward health etc) patients because of Medicaid laws.

In recognition of patients' work/life schedules, Dr Tummala has expanded her availability to include evenings (5pm to 7pm) and Saturday mornings (9am to 1pm). **Please note that these appointments are charged an extra \$100.00 (for initial consultation and 50min follow up session) and an extra \$50.00 (for the 25min follow up session) in addition to the regular price.** Please see below for pricing structure.

Payment Policy: Payment is due in full prior to, or, at the time of service via cash or Debit/Credit Card. Checks may be accepted on an individual basis (Patients will be charged \$35.00 for any returned check). **We require your credit card information at the time of scheduling your first appointment.** The credit card will be used to hold your appointment and will be kept on file to use for all appointments, and will need to be periodically updated. All payments for services are made through a secure online system using credit card information.

Pricing information:

Psychiatric Diagnostic (Integrative & Functional) Evaluation

60-75min with Dr Tummala and complimentary 20-30 minute wellness consultation with Vaidya (Ayurveda doctor) Sunita Pandey: \$350.00. For new patients who want to schedule this initial appointment, full payment is required at the time of scheduling the appointment. Cancellation with refund; or rescheduling (once) of this initial appointment is allowed only with 48 hour notice (excluding holidays and weekends) as per our cancellation policy. This payment is non-refundable for no-shows.

Follow-up visits: Patients can choose from 2 different options. Please indicate your preferred option by checking one option below.

- 1. Pay-as-you-go Program:** In this model, there is no monthly fee or commitment. Patients pay for the service received.

50 min Follow Up Session: \$350.00

25 min Follow Up Session: \$175.00



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2. Nurture Plus (Membership) Program*: \$150.00 per month with Minimum 12-month enrollment. Valid credit-card information is maintained/updated during the life of the membership. After enrollment, 3rd day of every month, the credit card is charged the full monthly payment****.

Benefits of the membership: As a member, each month, patient receives either **one 25 min follow up session with Dr Tummala, for no charge (\$175 value) or one 50min session for a charge of \$150.00 (\$350.00 value) during regular office hours. During the same month, if clinically indicated, any additional 25min sessions will be charged at the rate of \$150.00 per each session and any additional 50min session will be charged at the rate of \$300.00 per each session.** As a member, patients also receive complimentary pass to our **cooking class** (\$30 value) and will also receive 5% discount for spa services and 10% discount for detox services available at Santhigram Wellness Ayurveda spa.**

*Please note that some insurance companies may not reimburse such medical membership fees. Please check with your insurance before making a choice.

**Please note that deals and promotions cannot be combined.

***Phone sessions and tele-psychiatry sessions are not offered at this time. But when we begin to offer these sessions, the charges will be the same as for in-person sessions.

**** Cancellation of membership prior to completion of 12 months is subject to penalties.

No Show/Cancellation Policy:

When you make an appointment, we are reserving time in our clinician’s schedule that is no longer available to other patients. If you are unable to make it to an appointment, **Trinergy Center requires that you cancel (or re-schedule) your appointment at least 48 hours in advance (excluding weekends and holidays).** If you cancel an appointment with less than 48-hour notice or fail to appear in a timely fashion for an appointment, Trinergy Center will charge the patient the full appointment fee. **This applies to new patients as well.** Failure to show for your appointments (or violation of this cancellation policy) on two or more than two consecutive occasions can be grounds for discharge from the clinic. Note that the cancellation fee may be waived in special circumstances, determined on an individual basis (eg: medical emergency- patients may be asked to provide documentation for the same).

Similarly, late arrivals can create scheduling problems with other patients. If you are running late, please let us know as soon as possible. If you are late by more than 15 min, Dr. Tummala may see you for the remaining time and still charge you for the full time of the appointment.

By signing below, you attest that the information provided by you to Trinergy is true and accurate to the best of your knowledge; and that you have received, read, understood and agree to abide by the above policies.

Patient Name (PRINT)	Patient (or Guardian’s) Signature	Date