



**Available 9am to 5pm  
Eastern Time**

**Monday through Friday**

Toll Free (844) DEEPTMS  
(844) 333-7867

**Fax (844) 332-3897 (HIPAA Compliant)**

[info@Brainswayreimb.com](mailto:info@Brainswayreimb.com)

## Support Services Include

- **Enhance verification** of patient insurance benefits, including deductibles.
- **Investigation** along with other reimbursement requirements and possible coverage restrictions.
- **Guidance** with issues related to reimbursement coverage and payment denials.
- **Coding assistance** specific to Brainsway D (NDC, HCPCS, CPT and ICD-10-CM).
- **Billing information** (may vary by insurance plan).



Assistance



Support



Guidance

Assistance provided by the Brainsway Reimbursement Support Program does not guarantee coverage, payment or appeal success. Coverage, coding and reimbursement may vary by insurance plan.

Any personal identifying information required for reimbursement will remain confidential. This information will not be released to anyone other than those individuals needing the information to resolve a reimbursement issue or to validate patient specific reimbursement.



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Suite 503  
Hackensack NJ 07601



## Brainsway Reimbursement Support Program

The program is a HIPAA compliant service that can promptly answer your questions



**BrainsWay**

**Call Us:**  
**(844) DEEPTMS**  
to speak to a qualified  
reimbursement specialist

NOTE : Brainsway provides its reimbursement support, service and any related information for your convenience only. These services and all related information are not recommendations regarding clinical practice, and are generalized in nature. This generalized guidance is meant to guide - not replace - the reimbursement and billing staff of the doctor/clinic. Brainsway does not make any representations or warranties regarding payment, and there are no guarantees of payment by any payer. It is the absolute and sole responsibility of the provider to ensure that a medical necessity determination is reached, and that appropriate claims and charges for services rendered are submitted. In the event that a favorable coverage determination is not achieved, Brainsway is not and shall not be liable for any cost whatsoever, including those related to the patient's medical treatment.

BRO-0017-01





The Brainsway Reimbursement Support Program is a service by Brainsway USA, Inc. that offers reimbursement support to healthcare providers and patients pertaining to coding, coverage and reimbursement for Brainsway D.

## Information Required

When contacting the Brainsway Reimbursement Support Program for assistance with a specific insurance plan, please be prepared to provide the following patient information:

- Patient name
- Address
- Date of birth
- Social security number
- Insurance policy number
- Insurance group number
- Name of policyholder

Private health information is protected by the Health Insurance Portability and Accountability Act (HIPAA). The Brainsway Reimbursement Support Program adheres to all HIPAA mandates.

## Indication

Talk to your doctor to see if Brainsway D is right for you.

Brainsway D is indicated by the FDA for the treatment of depressive episodes in adult patients suffering from Major Depressive Disorder, who failed to achieve satisfactory improvement from previous anti-depressant medication treatment in the current episode. FDA 510(k) No. K122288.



## Reimbursement Assistance

