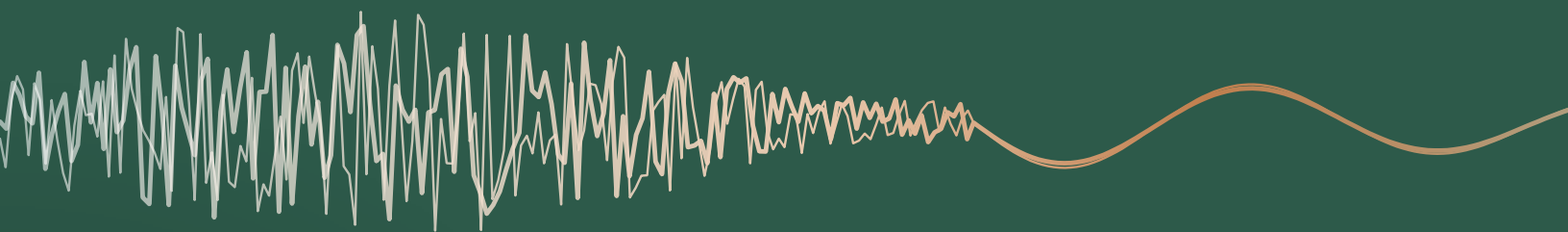

FOR THERAPISTS & COUNSELORS

A new way to support your Medicare patients *between sessions.*

NeuroTap is a guided tapping program for anxiety, depression, and chronic pain. It's covered at \$0 for eligible patients with Original Medicare.



DISTRESS

CALM

\$0

for eligible patients
with Original Medicare

In the loop

Care Updates, with
your patient's OK

Medicare pays

for the care-coordination
work you do

Help the work you do in session *keep going all week.*

Your patients do real work with you. NeuroTap gives them a structured practice to use at home in the days between, so that work keeps building.

A PATIENT'S WEEK, IN HOURS

each block = 7 hours



1 hour
together in session

167 hours
between your sessions

NeuroTap doesn't replace you. You stay their clinician, and with your patient's permission, we keep you informed as they go.



FOR YOUR PATIENT

A 12-month guided program

At home, at their own pace, at \$0 out of pocket.



FOR YOU

Care Updates

Starting scores and a summary of outcomes, without extra paperwork.



FOR YOUR PRACTICE

Paid coordination time

Medicare pays for reviewing updates and coordinating care.

Guided tapping, delivered as *a Medicare program.*

A home program that sits alongside your care, built by the team behind The Tapping Solution app, whose users have rated 16.6 million tapping sessions before and after.

IN PLAIN TERMS

Emotional Freedom Techniques (EFT), or “tapping”

Light fingertip tapping on acupressure points, paired with focused attention on a specific worry, feeling, or pain.

Think of it as **exposure and cognitive work, combined with a calming physical action.**



WHAT YOUR PATIENT DOES

Short guided audio sessions in the NeuroTap app. We suggest about two a week.

44

Anxiety & depression
about 44 guided sessions

28

Chronic pain
28 guided sessions

12

Months of support
at the patient's own pace



Who runs it

NeuroTap Health is a participant in Medicare's **ACCESS Model**, a CMS program that pays for technology-supported care for chronic conditions. Clinical oversight is led by our Medical Director, **Morgan Clond, MD PhD.**

What the *research* shows.

EFT has been studied in randomized controlled trials for anxiety, depression, and pain. Here is what the pooled research reports.

ANXIETY · META-ANALYSIS

$$d = 1.23$$

14 randomized trials, 658 participants.

Anxiety fell with tapping from start to finish. It also fell in the comparison groups ($d = 0.41$).

DEPRESSION · META-ANALYSIS

$$d = 1.85$$

12 randomized trials, 398 participants.

Depression symptoms improved with tapping.

— REAL-WORLD DATA

16.6 million rated sessions from 868,244 people

Consistent improvement within sessions. The study is under review and not yet peer-reviewed.

Sources: anxiety, Clond (2016); depression, Nelms & Castel (2016), randomized trials; real-world data, Tapping Solution app users (transdiagnostic analysis, manuscript under review). Effect sizes are Cohen's d , change from start to finish within each group. Real-world ratings are self-reported before and after a single session; they are not a controlled trial. EFT is not a cure-all; it's one well-studied tool, used alongside the care you provide.

Who *qualifies*.

Your patient is likely eligible if **all** of these are true.



They have Original Medicare

Parts A and B, with Medicare as primary payer.



They're not in Medicare Advantage, PACE, or hospice

These plans aren't part of the program yet.



They live with anxiety, depression, or chronic musculoskeletal pain

Chronic means pain lasting more than three months.



For anxiety or depression: PHQ-9 or GAD-7 of 10 or higher

NeuroTap checks this in the app during sign-up.

Not a fit for

Pain caused by recent surgery or injury, or pain that isn't musculoskeletal.

For both programs: active suicidal or homicidal thoughts, a psychotic disorder, bipolar disorder, dementia, a primary substance use disorder, or pregnancy (or within 6 months after birth).

Scoring below 10?

If you know the patient's history, your referral may still qualify them. Email care@neurotaphealth.com and we'll walk you through it.

Medicare Advantage patients

Not covered yet. We're working to bring NeuroTap to Medicare Advantage.

Worth mentioning before sign-up



Medicare places about **1 in 10** eligible people into a comparison group for 12 months. That's Medicare's research design, not a judgment about your patient.

Referring takes about *two minutes*.

No forms and no portal for you. Your patient does the sign-up and names you along the way.

1

Tell your patient about it

Use your own words, or try this:

“

There's a Medicare program called NeuroTap that teaches a technique called tapping. It's free for you with Original Medicare, and you can do it at home between our sessions. If you sign up, I can get updates on how you're doing.

2

Send them to neurotap.com/enroll

Sign-up takes a few minutes on a phone or computer. They'll need their Medicare card.



Scan to enroll
neurotap.com/enroll

3

Ask them to name you

When sign-up asks **“How did you first hear about NeuroTap?”**, they tap **“My doctor, therapist, or counselor”** and enter your name and practice. When asked to keep their care team in the loop, they tap **“Yes, send updates”**.

If your patient's app doesn't show this question yet, they can sign up at neurotap.com/enroll.

How did you first hear about NeuroTap?

A friend or family member

My doctor, therapist, or counselor

Care Provider's Name
Your Name

Clinic Name
Your Practice

Other

What your patient sees in the app

Tip Give your patient a card with your name, practice, and fax number. It helps us confirm your identity and send updates to the right place.

WHAT YOU GET BACK

You stay *in the loop*.

Care Updates arrive by secure fax. Your patient chooses whether to share, and can change their mind anytime.



WITHIN 10 DAYS OF STARTING

When they begin

Starting scores and goals, sent after their first assessment.

WITHIN 30 DAYS OF FINISHING

When they finish

A summary of outcomes.

ABOUT

\$30

per documented review

~\$100

a year per patient, per program, roughly

MEDICARE CO-MANAGEMENT PAYMENT

Medicare pays you for coordinating care.

Medicare has created a payment for clinicians who stay involved in their patient's ACCESS care.

- 1 Review a NeuroTap Care Update
- 2 Write a brief note in your record

Your note covers your assessment and any care-coordination step. You need to be enrolled in Medicare to bill. CMS is finalizing the billing code and rules, and we'll share details as soon as they're published.

This payment comes from Medicare for care coordination you perform. NeuroTap does not pay for referrals.

INSIDE EVERY CARE UPDATE

Updates follow Medicare's standard ACCESS care plan template, so they're quick to review.

Baseline measures

and treatment goals

Progress summary

outcomes and scores

Clinical contact

plus our Medical Director

SAFETY COMES FIRST

988

Anyone who signals thoughts of self-harm during sign-up sees crisis resources right away, including the 988 Suicide & Crisis Lifeline.

MD

Clinical safety is overseen by our Medical Director, Morgan Clond, MD PhD.

1 day

care@neurotaphealth.com is read every business day, with a reply within one business day. NeuroTap is not a crisis service.

QUICK ANSWERS

Does NeuroTap replace therapy?

No. It's a home program that supports the care you provide.

How long is the program?

12 months, at the patient's own pace.

What if my patient lands in the comparison group?

That lasts 12 months. After it ends, they can check eligibility again.

What does it cost my patient?

\$0 out of pocket for eligible patients with Original Medicare.

Do I have to do anything?

No. Reviewing updates is optional, and so is billing for it.

Do I need an NPI to be named?

No, but sharing it helps us verify you and send updates securely.

Let's *talk.*

neurotap.com/health/clinicians

care@neurotaphealth.com

NeuroTap Health, Inc. · Participant in the CMS ACCESS Model



For clinicians