

Healing Integrations

3151 Airway Avenue, Suite H3 • Costa Mesa, California 92626
(714) 851-8011 • HealingIntegrations@gmail.com

New Patient Instructions and Office Policies

(PLEASE INITIAL WHERE INDICATED)

Please fill out and sign all forms prior to your appointment. Please bring your forms with you to your appointment.

Payment by Cash, Check, Venmo (@erica-scott-14), or Credit / Debit card is due at the time of service.

Fees are:

- 85 minute initial visit / evaluation: \$275
- 85 minute treatment: \$245
- 55 minute treatment: \$165
- Missed appointment fee: \$165
- Returned check fee: \$50
- Reiki: \$165

Healing Integrations is out of network for all insurance providers. This allows us to treat our patients with more time and depth than insurance allows. We would be happy to provide you with a super bill for you to submit to your insurance provider for reimbursement.

We are located at 3151 Airway Avenue, Suite H3, Costa Mesa, California 92626. Please arrive a few minutes prior to your scheduled appointment time. Feel free to use the restroom and relax in the waiting room. We endeavor to run on time to provide the most effective treatment to all our patients.

Your scheduled appointment is our first priority. In the event you are unable to keep your scheduled appointment, please notify us at least 1 business day (24 hours) in advance. If we do not receive 24 hours notice of your cancellation, it limits our ability to accommodate other patients who may need that time slot. Healing Integrations strives to provide the best possible care to our patients. Attending scheduled appointments is a necessary part of your treatment process. Adhering to our cancellation and no-show policy is a courtesy to both our staff and other patients who are trying to arrange appointment times. **A missed appointment or cancellation within 24 hours will be charged at full rate.** Initial _____

Please allow approximately an hour and half for your first visit, and up to one hour for subsequent visits. All treatments are tailored to patient needs.

Feel free to arrive 5 or 10 minutes early. **If you arrive late, we may not be able to extend your treatment time, as that would take away from another patient's treatment.** Initial _____

I have read and agree to the above:

Parent/Legal Guardian Signature: _____ Date: _____