



Cancellation Policy

Satori Healing, LLC requires 24 hours notice for all cancellations. All cancellations made in less than 24 hours and all missed appointments without notice will be charged a fee of \$50. _____(initial)

Administrative Forms

Satori Healing, LLC requires all forms be filled out in person at a patient visit and billed to your insurance. Should you not want to come in for a visit you will be charged a fee \$50 . _____(initial)

Insufficient Funds

Patient/guardian understands that they will be charged a fee of \$50 paid to Satori Healing, LLC in the event that a check is bounced for insufficient funds. _____(initial)

No Call / No-Show / Late to appointment

Patient/guardian understands that they will be rescheduled if they arrive 15 minutes late to their appointment. In addition, patients who repetitively no show will be discharged from Satori Healing for a period of one year. _____(initial)

Patient Name: _____DOB: _____

Patient/Guardian Signature: _____

Print Patient/Guardian's Name: _____

Date:_____