

Coastside Health and Healing

Financial Agreement and Policies

New clients:

San Francisco Bay Area and San Francisco Bay Peninsula Region Fee Schedule:

First Session: 30-minute Comprehensive Consult Plus 60 minute treatment - \$205.00

Additional time charged, based upon \$150.00 per hour

Second Session: 30-minute Comprehensive Consult Plus 60 minute treatment - \$205.00

Additional time charged, based upon \$150.00 per hour

Established Client Follow-up:

60-minute Consult & Treatment -\$150.00 per hour

Phone Consultations*:

\$150.00, per hour. Additional time charged, based upon \$150.00 per hour

*When consultation is provided via phone, email, virtually- while in absentia, time will be charged, as noted, and payment is due immediately.

Additional In-Home*, Prenatal, and Postpartum Services Offered

- Coastside Birth Plan: Consultation - \$165/hr
- Prenatal Maya Therapeutic Treatment* (ATMAT) \$220 – 90 minutes \$165 – 60 minutes
- Prenatal Yoga Private* \$95/hour
- Postnatal Maya Therapeutic Treatment* (ATMAT) \$220 – 90 minutes
- Partner/Grandparent Therapeutic Bodywork*: \$220 - 90 minutes, \$165 – 60 minutes
- Postpartum Doula Traditional Care*: \$75/hour
- Postpartum & Family Yoga Private* \$95/hour
- Blessings and Ceremonies - \$165 – 60 minutes
- Spiritual Healing & Treatment After Pregnancy Loss* \$305 - 2.5 hours

*Additional fee for parking, etc., may be applied, depending on locale, please inquire

Treatment time:

Treatment time begins at the time scheduled. If you are more than 15 minutes late for your appointment, we cannot assure we will be available to see you and you will owe your full session fee.

Cancellation Policy:

48 hours notice is required for cancellation or rescheduling. Of course, as much notice as possible is appreciated. With less than 48 hours notice given the full appointment fee is due immediately. If you don't show up for your appointment without giving any notice, you will be responsible for the full appointment fee. Thank you for your consideration.

Payment Policy:

Payment is due, in full, ***at the time of Service***.

Payment Options: Personal or Online Bank Check made out to: Samantha Corsiglia

Mailed to: Samantha Corsiglia, Coastside Health and Healing, 751 Kelly Avenue, Half Moon Bay, CA 94019

Thank you for helping to make it possible to provide the best professional care possible. I have read and understood the above statement of fees and conditions and agree to the terms as stated.

_____ Client Signature _____ Date