

Gabrielle Lawrence, Ph.D.

5040 E Shea Blvd, #268

Scottsdale, AZ 85254

480-607-5030

Dear New Patient,

As a courtesy to all first time clients, we are hoping to simplify your first visit to the office. Dr. Lawrence would appreciate it if you could fill out the enclosed intake-forms before you arrive, and bring them with you to best utilize your time with her.

Each office visit is to be paid for at the beginning of each session either with a check or cash, and Visa or Mastercard are now being accepted. **Checks can be made out to Gabrielle Lawrence, PhD.**

Also note, should you need to cancel, please give at least **24 hours notice**. Otherwise, you will be billed for the entire session amount. **To cancel, please leave a message on the office voice mail @ 480-607-5030. This line is available 24 hours, but messages are only retrieved the following morning of each business day.**

Enclosed you will find a number of information and consent forms **that must be signed and returned for our records (please keep your copy of the HIPAA consent form)**, and a map of the immediate area to help you find your way. The office is on the northeast corner of Shea Blvd. and 50th Street. Shea Blvd. can be accessed by both Highway 51 and the Loop 101.

At this time, we are accepting copays from individuals who have **Aetna , AZ Foundation for Medical Care, Beech Street Network, Blue Cross Blue Shield, or Humana/LifeSynch Insurance**. You must call your insurance company before your 1st appointment to find out what your benefits are and secure an authorization ahead of time if one is needed. If at any time your insurance does not pay for your office visit, you will be held responsible for the full amount.

Here is a checklist of forms that we need for you to fill out and bring with you:

- Client Intake Form (there is one for insurance or private pay clients)
- Payment Policy
- HIPPA Consent Form (2 copies – return only one)
- Notice of Privacy Practices (please read – signature not required)
- Insurance Addendum (if applicable) and copy of insurance card (front and back)
Please make sure the Insurance Addendum is filled out completely or we cannot bill.
- Child/Minor Consent Form – 1 for each child (if applicable)

Thank you for contacting us, and we look forward to working with you.

In accordance with the Health Insurance Portability and Accountability act of 1996 (HIPAA) this fax/email/document, including any attachments, may contain confidential and privileged information, and is for the sole use of the intended recipient(s). Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply email or fax and destroy all copies of the original message.