



Susan Samueli | Integrative Health Institute

MRN: _____

Name: _____ Date: _____

Age: _____ Sex: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail: _____

- Married
- Divorced
- Widowed
- Single
- Separated

Occupation: _____

Employer: _____

Address: _____

Primary Care Physician: _____

Address: _____ Phone: _____

Referral Source: _____

Emergency Contact: _____ Phone: _____

Relationship to Emergency Contact: _____



Susan Samueli | Integrative Health Institute

Consent

I _____, consent and agree to the Treatment and Supplements recommended for me by the practitioners at the Susan Samueli Center for Integrative Medicine from the following choices:

- General Diagnostic Procedures – including physical exams, neurological and musculoskeletal assessments, tongue and pulse assessment.
- Lifestyle Counseling and Exercise Prescriptions.
- Herbs/Natural Medicines– prescription of various therapeutic substances including plants, minerals, and animal materials. Substances may be given in the form of tea, pills, powders, essences, essential oils, tinctures (may contain alcohol), plasters, and topical creams.
- Dietary Advice and Therapeutic Nutrition – use of foods, diet plans, and nutritional supplements.
- Soft Tissue Therapy – use of tui na and acupressure.
- Electric/Infrared/Ultraviolet Therapies – includes the use of low volt electroacupuncture, transcutaneous stimulation, microcurrent stimulation, electromagnetic wave therapy, and infrared and ultraviolet therapies.
- Acupuncture – insertion of specialized sterile needles through the skin into underlying tissues at specific points on the surface of the body.
- Cupping – a technique used to relieve symptoms in which cups made of glass are placed on the skin with a vacuum created by heat or other device.
- Gua Sha – rubbing on an area of the body with a blunt, round instrument.
- Laser Therapy
- Manual soft tissue and joint therapy
- Exercise & posture training

Potential benefits: Restoration of health and the body's maximal functional capacity, relief of pain and symptoms of disease, assistance in injury and disease recovery, and prevention of disease or its progress. Results cannot be guaranteed. Research has shown acupuncture to be effective in approximately 70% of the general population.

Potential risks: I have been informed that acupuncture is a generally safe method of treatment, but that it may have some side effects, including bruising, numbness or tingling near the needling sites that may last a few days, and dizziness or fainting. Burns and/or scarring are a potential risk of moxibustion and cupping, or when treatment involves the use of heat lamps. Bruising is a common side effect of cupping. Unusual risks of acupuncture include spontaneous miscarriage, nerve damage and organ puncture, including lung puncture (pneumothorax). Infection is another possible risk, although the clinic uses sterile disposable needles and maintains a clean and safe environment.

I understand that while this document describes the major risks of treatment, other side effects and risks may occur. The herbs and nutritional supplements (which are from plant, animal and mineral sources) that have been recommended are traditionally considered safe in the practice of Chinese Medicine, although some may be toxic in large doses. Some herbs may be inappropriate during pregnancy. Some possible side effects of taking herbs are nausea, gas, stomachache, vomiting, headache, diarrhea, rashes, hives, and tingling of the tongue. I will notify a clinical staff member who is caring for me if I am or become pregnant.



Adjunctive Care: Our practitioners solely provide adjunctive care and are not available after business hours. If you experience an adverse reaction to any recommended supplements or treatment, please immediately contact our practitioners during business hours. If our practitioners cannot be reached, please discontinue the supplements and leave a voicemail.

You will be contacted on the next working day. If you are experiencing an acute condition, severe, adverse reaction, or emergency situation, please either contact your primary care physician or call 911 immediately. You are expected to have a primary care medical physician follow your care at all times. Our practitioners are not responsible for any hospital coverage, after hour, weekend, or general medical care you may seek.

History:

- Completely fill the Wellness History Form.
- Alert our practitioners if you suspect or know that you are pregnant since some of the therapies could present a risk to pregnancy. Our practitioners do not use labor-stimulating acupuncture points or any labor-inducing substances unless the treatment is specifically for the induction of labor. A treatment intended to induce labor requires a letter from a primary care provider authorizing or recommending such a treatment.
- Alert our practitioners if you have a cardiac pacemaker since electro-therapies may be contraindicated in this case.
- Photographs may be taken before, after, and with each follow-up visit/treatment.

I understand the Benefits, Risks, Limitations, and Precautions described herein. I will abide by all instructions and precautions in order to achieve optimal results. I take full responsibility for my health during treatments and hold the practitioners free from any legal actions. The maximum damages in case of any valid dispute will be the refund of my treatment fees. I voluntarily consent to the recommended treatment and/or supplements realizing that no guarantees have been given to me by the practitioners regarding the cure or improvement of my condition. I have read the above information and have had all my questions answered to my satisfaction.

Name: _____ Signature: _____ Date: _____



Informed Consent Regarding Nutritional and Herbal Supplements

According to the Federal Food, Drug, and Cosmetic Act, as amended, Section 201(g)(1), the term *drug* is defined as an “article intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease.” Technically, vitamins, minerals, trace elements, amino acids, herbs, or homeopathic remedies are not classified as drugs. However, these substances can have significant effects on physiology and must be used rationally. In this office, we provide nutritional counseling and make individualized recommendations regarding use of these substances in order to upgrade the quality of foods in a patient’s diet and to supply nutrition to support the physiological and biomechanical processes of the human body. Although these products may also be suggested with a specific therapeutic purpose in mind, their use is chiefly designed to support given aspects of metabolic function. Use of nutritional supplements may be safely recommended for patients already using pharmaceutical medications (drugs), but some potentially harmful interactions may occur. For this reason, it is important to keep all of your healthcare providers fully informed about all medications and nutritional supplements, herbs, or hormones you may be taking.

Sale of Nutritional Supplements at the Susan Samuelli Center for Integrative Medicine

You are under no obligation to purchase nutritional supplements at our clinic.

As a service to you, we make nutritional supplements available in our office. We purchase these products only from manufacturers who have gained our confidence through considerable research and experience. We determine quality by considering: (1) the quality of science behind the product; (2) the quality of the ingredients themselves; (3) the quality of the manufacturing process; and (4) the synergism among product components. The brands of supplements that we carry in our facility are those that meet our high standards and tend to produce predictable results.

While these supplements may come at a higher financial cost than those found on the shelves of pharmacies or health food stores, the value must also include assurance of their purity, quality, bioavailability (ability to be properly absorbed and utilized by the body), and effectiveness. The chief reason we make these products available is to ensure quality. You are not guaranteed the same level of quality when you purchase your supplements from the general marketplace. We are not suggesting that such products have no value; however, given the lack of stringent testing requirements for dietary supplements, product quality varies widely.

If you have concerns about this issue, please discuss them with our staff.

I, _____, have read and understand the above statement.

SIGNATURE: _____

DATE: _____



Informed Consent for Hormone Replacement Therapy

Hormone replacement therapy (HRT) is often prescribed to women during perimenopause (the time from first symptoms to up to several years beyond the last period) and menopause (starting one year after the last period) for symptoms of hot flashes, vaginal dryness, loss of libido, depression, irritability or PMS-like symptoms, bone loss and osteoporosis or its prevention, and cardiovascular disease. HRT is approved by the FDA only for hot flashes and osteoporosis. Using it for other symptoms or problems is considered “off-label” use, and the burden is on the physician to be sure that there is adequate science to support the use in a given situation. Needless to say, there will be differences of opinion about how much science is necessary.

Because of the rapidly changing ideas about the safety and effectiveness of hormone therapy for anything other than birth control, I feel it is important to be sure that you have information about the risks and benefits of hormone therapy before you take the therapy we have discussed.

It is now thought that the combination of estrogen and progestogens increases the risk of breast cancer over estrogen alone.

Estrogen replacement therapy (ERT) is used primarily for women who have had their uterus removed and for whom estrogen alone does not cause negative symptoms. Use of estrogen alone in the doses most often prescribed in America increase the risk of uterine cancer. In very low doses, estrogen alone may be used without progestogen (progesterone or artificial progestins such as Provera) if adrenal function is healthy. In this case, there is a risk of bleeding, endometrial hyperplasia, or cancer, and you should discuss this with your doctor.

When hormone levels are brought back to “normal” for your age, there is much evidence that your overall health benefits. The risk of osteoporosis and fractures decreases. HRT is the most effective treatment for hot flashes. There may be other long-term beneficial effects of treatment. If your (female sex) hormones are already normal, adding additional hormone to address symptoms such as hot flashes may increase your risk of diseases like cancer or problems like blood clotting.

The current medical thinking is always changing, so it is important to discuss HRT with your doctor each year at your annual exam to find out what the latest thinking is.

Please read the following and sign:

I have discussed the reason for taking female sex hormones with my doctor and understand why he/she is prescribing them and the risks associated with taking hormones, including but not limited to the possibility of an increased risk of breast or endometrial cancer, blood clotting, stroke, or heart attack.

I understand that there are different risks if I take progestogens or testosterone, and they may be higher or lower than taking estrogen alone. I have discussed this risk and the reasons for taking them with my doctor.

I understand that my doctor will do everything he/she knows to do to decrease and minimize the risks of HRT but that there are no guarantees that these measures will be effective at preventing the negative side effects mentioned above or others that we do not yet know about.

I accept the risks and unknowns of taking hormone therapy and wish to have my doctor prescribe them for me.

Signature: _____

Date: _____

I WILL NOT BE RECEIVING HORMONE REPLACEMENT THERAPY

Name: _____

Date: _____



CANCELLATION POLICY FOR SERVICES

As part of our effort to provide you with the best of care and accommodate all appointment requests, we have a cancellation policy. We appreciate your business and know that your time is as valuable as ours. By extending the courtesy of a timely notice of cancellation or intent to reschedule you afford us the ability to provide a greater availability of our services for patients who have an urgent need for care.

If you are aware of your need to reschedule or cancel, more than 24 hours prior to your appointment, we encourage you to send us a message through our patient portal (MyChart). Our front office team checks messages daily. We can communicate directly back to you through this secure, private connection and provide you a new appointment. MyChart allows you to send communication to our front office and back office support teams, as well as your providers, when it is most convenient for you, anytime of day or night. Urgent messages are replied to within 1 business day and non-urgent messages within 3 business days.

If you need to cancel or reschedule on the same day or notify us that you will be unable to arrive 20 minutes prior to your scheduled appointment for the required registration and medical assistant intake process, please call 714-424-9001. We are committed to helping you receive the full appointment time with your provider, but ask that you provide us 20 minutes of your time, prior to your appointment, to complete your registration and intake process.

To assist you with keeping your scheduled appointments, we provide our patients courtesy appointments reminders, 2-3 business days in advance, through both an automated service and through a message on MyChart, our patient portal.

Excessive cancellations or no- shows for scheduled appointments may result in discharge from our practice.

I have read the above cancellation policy and agree to its terms and conditions:

Name: _____ Date: _____

Signature: _____



Patient History Form

Name: _____

Age: _____

Present Health Concerns (in order of importance):

Duration:

1. _____
2. _____
3. _____

MEDICAL/HEALTH HISTORY:

Current Health Provider(s):

Phone:

Reason for seeing:

_____	(____) _____	_____
_____	(____) _____	_____
_____	(____) _____	_____

Date last full physical exam: _____	Results: normal other (_____)
Date last labwork and urine test: _____	Results: normal other (_____)
Date last prostate exam (males): _____	Results: normal other (_____)
Date last PAP and pelvic exam (females): _____	Results: normal other (_____)
Date last mammogram (females): _____	Results: _____
Date last DEXA or bone imaging (females): _____	Results: _____

Surgeries and Hospitalizations with Dates: _____

Illnesses and Injuries with Dates: _____

Allergies (drugs, food, environmental). Please circle any, if life-threatening: _____

Prescription Drugs (include dosage): PLEASE USE MEDICATION FORM ATTACHED

Supplements: PLEASE USE MEDICATION FORM ATTACHED

Previous Integrative Treatments: _____

MEDICAL/FAMILY HISTORY:

Condition	Self/Family Member
Allergies	
Alcoholism	
Anemia	
Rheumatoid Arthritis	
Osteoarthritis	
Diabetes	
Cancer (_____)	
High Cholesterol	
Epilepsy	
Heart disease	

Condition	Self/Family Member
Kidney disease	
Mental disorder	
Obesity	
Stroke	
Thyroid (low/high)	
Osteoporosis	
Fractures (Mom/Grandma)	
Autoimmune Disease	
Bleeding Tendency	
High Blood Pressure	

SOCIAL HISTORY

Personal Habits (Please List Current or Past Use, Frequency, and Quantity):

Tobacco: _____ Caffeine: _____ Alcohol: _____ Recreational Drugs: _____

EXERCISE: List Type of Activities: _____ Frequency per week: _____



REVIEW OF SYSTEMS (please circle if you are experiencing any of the following symptoms):

Hematologic: Anemia Blood diseases Fatigue, Bleeding/bruising Blood clots Skin/Nails: Skin rash/hives Brittle Nails HEENT: Headaches Hearing loss Ringing in the Eye pain/Itchy Sore Sneezing/runny Nosebleeds Sinusitis/allergies Jaw pain(TMJ) Mouth/tongue Catches colds easily	Gastrointestinal: Bad breath Constipation Heartburn/ Ulcers Hepatitis/Jaundice Diarrhea Nausea, Vomiting Bitter taste in mouth Rectal itching Hemorrhoid Burping Gas/Bloatin Cramping Laxative Blood in stools Frequency of BM _____ Consistency of stool _____ Musculoskeletal: Muscle pain/stiffness Difficulty walking Muscular Joint pain/stiffness	Cardiovascula Stroke Nosebleeds Varicose High/Low blood Chest pain Heart Irregular heart beat Swelling/edema Cold hands/feet Varicose Neuro-psychiatric: Tingling, numbness Weakness Eating Seizures Paralysis Poor balance Poor Poor concentration Depression, anxiety	Genitourinary: Kidney Infection,/UTI KD disease/Stones/Blood in urine Frequent/night time urination Incontinenc Frequent, night time Testicular pain/mass Prostate problem Sexual dysfunction STD _____ Systemic Review: Hot flashes Excessive sweating Excessive thirst Fever/chills Respiratory Tuberculosi Asthma/wheezing Difficulty breathing Cough Pneumonia	Gynecological: Menopause Breast lump/discharge PMS Age period started: _____ LMP _____ Periods last _____ days Periods come every _____ days Pain with periods Heavy menstrual bleeding No. of pregnancies _____ No. of children _____ No. of miscarriages _____ No. of abortions _____ Vaginal discharge/itching Currently pregnant? Yes/No Endocrine: Hair loss/thinning Dry skin Hormone therapy
--	--	---	--	---

Sleep: Hours/night: _____ Bedtime: _____ Wake time: _____

Do you have problems with: Staying asleep Falling Other sleep issues _____

Do you wake up at night? If yes, how often and at what times does this happen? _____

Energy level (average per week, circle one): (lowest energy) 1 2 3 4 5 6 7 8 9 10 (highest energy)

Stress level (average per week, circle one): (lowest stress) 1 2 3 4 5 6 7 8 9 10 (highest stress)

Sources of stress: _____ How do you cope with stress? _____

Pain Scale (circle areas and level of pain): (lowest pain) 1 2 3 4 5 6 7 8 9 10 (highest pain)

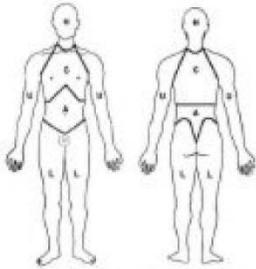


FIGURE 228—Anatomic location of body regions.

Please check all that apply: Pain is: Dull Sharp

Diet History (include any liquids, tea, coffee, etc.):

Breakfast yesterday: _____

Lunch yesterday: _____

Dinner yesterday: _____

Bars/Shakes: _____

AM Snack foods: _____

PM Snack foods: _____

Late PM Snack foods: _____

Glasses or Ounces of plain water intake/day: _____

Please List Any Dietary Restrictions: _____

What level of change to your living habits are you willing to make to improve your overall well-being?

Whatever It Takes Significant Change Some Change No Change



Please write down all the medications that you are currently taking at home. Please include any homeopathic/herbals or supplements.

Medication/Supplement	Dosage/Strength	How Many Times/Day
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

Pharmacy (name and number):

Compound Pharmacy (name and number):



Insurances We Accept

We accept all health care plans that are contracted by UCI Health (PPO, Medicare Part B, Medicare Supplement plans and self-pay) with the exception of HMO's and Medi-Cal/Medicaid. We advise patients to call their health insurance carrier to verify if our providers are participating providers within their insurance policy. Note that participating providers may be in-network or out-of-network based on your insurance policy, and therefore, the patient responsibility for shared cost will vary based on plan. Please inquire with your insurance plan directly.

For Medicare patients, please be advised that the following servicing providers and services *are not* covered under Medicare guidelines: naturopathic doctors and massage therapy. We do offer self-pay rates for these services. Medicare does cover nutritional counseling, but only for the following diagnoses: diabetes, kidney disease, and kidney transplant (within the first 36 months' post-transplant).

To help your insurance carrier identify if our facility, services or servicing providers are covered under your plan, please provide them with the NPI # of the provider (see attached list) and our facility Tax ID: 330-322-171.

As a helpful tip, while you are verifying if our facility and servicing providers are in or out of network, check if the following services are covered benefits: acupuncture, massage therapy, and nutritional counseling. Please do not hesitate to call us at 714-424-9001 if you have any further inquiries.

I acknowledge I have received and read the information provided to me in this packet regarding my obligation to verify my insurance benefits prior to receiving services.

Name (Print)

Signature

Date

Financial Responsibility Agreement

As a courtesy our office will verify your insurance policy is active at time of service. However, *it is patient's responsibility to verify benefit eligibility and network status*. We are providing this insurance reference guide for patients to gain a better understanding of insurance coverage for our services and how to navigate their insurance policy.

PPO Plans

PPO insurances have various levels of coverage depending on service type and if the provider is considered in-network or out-of-network. We advise all patients to verify with their insurance that we are in-network provided in order to maximize insurance coverage. Each insurance company creates a network for each of their plans, so while we may be contracted with your insurance your specific plan might have a limited network that we may or may not be a part of. We provide all of our patients with our tax ID (330-322-171) to verify network status with their insurance; please be aware that insurances may only cover certain doctors under our institute so it is important to check that the provider is also in-network. When reaching out to your insurance to verify coverage we recommend patients ask the following questions in order to get a better understanding of their expected patient responsibility.

- Is the service a covered benefit?
- Is the provider considered in network or out of network?
- Do I have a deductible and does it apply to my visit? How much of that deductible has been met?
- What is my patient responsibility? Is it copay or a co-insurance?
- Are there any session limits per calendar year or other restrictions for coverage?

Our office is considered a specialty office by most insurance plans and as such we will collect the specialist copay at time of service. Some insurance plans can have us listed as primary care, as such if your explanation of benefits (EOB) reflects that our office is considered primary care please notify our front office staff so that the copay can be adjusted for future visits. For patients with a co-insurance, you will receive a bill from our billing department once a claim has been submitted to your insurance.

Billing Providers

Insurance plans categorize acupuncturist, massage therapist, dietitians, and naturopathic doctors as allied health professionals. Allied health professionals must have a supervising physician in order to have their services covered by insurance and claims sent to the insurance must show them as the billing provider. Our office uses three different physicians to satisfy this requirement which are listed at the bottom of this document for your reference. Patients can expect to see, either on their bills or EOB, one of these three providers instead of the allied health professional seen in office.

HMO Plans

Our office does not accept any HMO plan at this time. Patients who wish to seek services at our clinic are advised to proceed as self-pay and refer to refer to our self-pay rates.

Medicare

Our office accepts Medicare and Medicare supplement plans, however, not all of our clinic services are covered due to Medicare guidelines. At this time Medicare only covers visits rendered by a medical doctor (MD), doctor of osteopathic medicine (DO), nurse practitioner (NP), or physician's assistant (PA).

Unfortunately, Medicare does not cover office visits provided by a naturopathic doctor (ND) and patients who wish to seek these services can refer to our self-pay rates.

Medicare will cover nutritional counseling visits when the primary diagnosis is diabetes, kidney disease, or the patient has had a kidney transplant within the last 36 months.

Massage therapy is not a covered benefit per Medicare guidelines. Certain Medicare supplement plans however can cover these services. Patients are highly encouraged to check with their supplemental plan to verify if these services are covered and inform our front office staff. Please inquire about any copay and yearly session limits.

Medicare will cover acupuncture under specific conditions. In order for services to be covered the following Medicare guidelines will need to be followed:

- Referral from a Medicare approved provider required
- Diagnosis of unspecified chronic low back pain as defined below:
 - Lasts twelve (12) weeks or longer
 - Not associated with surgery
 - Not associated with pregnancy
 - Is not specific, in that it has no identifiable system cause (i.e., not associated with metastatic cancer, inflammatory disease, infections conditions)

Medicare will cover an initial twelve (12) sessions to be completed within 90 days if the above guidelines are met. If documentation demonstrates that there is an improvement in the degree of pain experienced and ability to function, an additional eight (8) sessions can be approved to be completed within 12 months of the first treatment.

Self-Pay

Patients who are uninsured, have an HMO, or whose insurance does not cover services can proceed on a self-pay basis. Self-pay rates differ from what is billed to insurance. The following are the current rates for our clinic services; please note that these are subject to change without notice and are not an exhaustive list. Payment is due at the time services are rendered and cannot be billed at a later time.

We accept cash, check, and all major credit cards such as Visa, MasterCard, American Express, and Discover for payment. Patients may also use their health savings account (HSA) or flexible spending account (FSA) to cover services. We recommend patients save their receipts when using an HSA or FSA in the event that the benefit administrator requires proof of service for these payments.

Service	Initial Visit	Follow Up Visit
Doctor Visit (MD, DO, ND, NP)	\$535	\$263-\$374 (Rate varies depending on complexity of visit)
Acupuncture	\$150	\$110
Nutritional Counseling	\$356	\$316
Massage Therapy		
60 Minute	\$100	\$100
90 Minute	\$150	\$150
120 Minute	\$200	\$200

Supplements

Nutritional supplements are not covered by insurance plans, as such our office is unable to bill insurances for them. Patients can use their FSA or HSA for payment provided that there are sufficient funds at the time of purchase and covered per your FSA or HSA guidelines. Our office encourages patients to keep their detailed receipts readily available in case the FSA or HSA plan requests documentation of purchase.

Laboratory Testing

Our providers will frequently order specialty labs to provide the best tailored care. These labs are processed by outside laboratories that are not directly affiliated with UCI Health or the Susan Samueli Integrative Health Clinic, as such our office does not bill for testing or sample analysis. When these tests are recommended we advise that patients reach out directly to the lab company to receive the most accurate billing and insurance coverage information. All questions regarding payment and billing issues for these tests will have to be addressed to the specialty laboratory since payment is not being done through our office.

Glossary

- Copay: A set dollar amount due at the time of service for each visit a patient seeks.
- Coinsurance: A percent of the total visit cost that a patient is responsible for after each visit is rendered. Coinsurances are usually collected once insurance has processed a claim.
- Deductible: An amount set by your insurance which you have to pay out of pocket for covered services before your insurance will start covering services. Once a deductible has been met most patients are still responsible for a copay or coinsurance for covered services.
- Out of Pocket Maximum: A limit on the amount that you will have to pay out of pocket for covered services per calendar year. Once you have met the out of pocket maximum you will no longer have to pay copays/coinsurances for covered services for the rest of the calendar year.



National Provider Identifier (NPI) List:

Naturopathic Doctor

Lilian Au, ND	NPI: 1861728768
Rowena Daly, ND	NPI: 1760932917
Afrouz Demehri, ND	NPI: 1154709343
Arvin Jenab, ND	NPI: 1720484652
Darlene Lee, ND	NPI: 1912405069
Michael Palladino, ND	NPI: 1649720798
Maggie Quinn, ND	NPI: 1427556539
Allison Wills, ND	NPI: 1518494913

Osteopathic Doctor

Kim Hecht, DO	NPI: 1215255831
---------------	-----------------

Medical Doctor/Nurse Practitioner

Marcela Dominguez, MD	NPI: 1225039050
Hema Doshi, NP	NPI: 1427595925
Bavani Nadeswaran, MD	NPI: 1154401313
Rachelle Rodriguez, NP	NPI: 1245377977
Anne Zuzelski, MD	NPI: 1922264712

Registered Dietician

Amanda Brown, RD	NPI: 1316354855
Karen Lindsay, RD	NPI: 1437787041
Sherry Schulman, RD	NPI: 1922527407

Acupuncturist

Yae Chang, LAc	NPI: 1851521728
Milim Jeon, LAc	NPI: 1366719791
Mariko Horie, LAc	NPI: 1558764761
Hui Hwang, LAc	NPI: 1043742158
Heather Rice, LAc	NPI: 1922182658
Lifang Xie, LAc	NPI: 1659717833



Susan Samueli | Integrative Health Institute

Massage Therapist

Natasha Harris, CMT

NPI: 1326524703

Billing Providers

Kim Hecht, DO

NPI: 1215255831

David Kilgore, MD

NPI: 1528150109

Shaista Malik, MD

NPI: 1922208495