

Patient + Senior Floatation Therapy Package

H2Om FLOAT is offering special pricing for those with documented medical conditions known to be helped by floatation therapy. Floatation Therapy is backed by scientific research for helping alleviate pain and other symptoms of certain medical conditions.

The benefits of floating are known to be cumulative and we recommend weekly floating for alleviation of symptoms of certain medical and/or mental conditions.

(4) 60Minute floats at \$120/Month to be used within 30Days of purchase, Sessions do Not roll-over.

Floats to be scheduled [Monday through Thursday 10am to 7:00pm.](#)
Provider verification required (see attached form).

Appointments can be scheduled Online via Patient Membership login or Phone.

We reserve the right to cancel or modify this membership within 30Days notice.

Conditions known to be helped by floatation therapy:

ADD

ADHD

Anxiety

ASD

Arthritis/ Rheumatoid Arthritis

Autism

Burn out Syndrome

Cancer Patients

Depression

Fibromyalgia

Hypertension

Insomnia

Migraine

Psoriasis

PTSD

Scoliosis

Temporal mandibular (TMJ) Syndrome

Trichotillomania

Documentation Form for Medical Conditions

The person below has requested accommodations on the basis of a Medical Condition through H2Om FLOAT. In order to verify the disability your diagnosis and assessment is required. Documentation must be current (i.e. most recent visit should be within the last 3 months). All information will be kept confidential.

Patient Name _____
DOB _____
Name/Title of Certifying Professional (Please Print) _____
License # _____
State _____
Address _____
Telephone Number _____
Fax Number _____

Provider Certification: I certify, by my signature below, that I conducted or formally supervised and co-signed the diagnostic assessment of the person named above. In cases where the diagnostic assessment of the person was performed by another clinician, my signature confirms the review of the original assessment and agreement of the diagnosis that the above named person has one of the following ailments: arthritis/rheumatoid arthritis, scoliosis, fibromyalgia, hypertension, migraine, depression, burn out syndrome, temporal mandibular (TMJ) syndrome, trichotillomania, PTSD, insomnia, anxiety, ASD, ADD, ADHD, psoriasis (**Providers, please DO NOT specify which particular condition said person has, only certify that s/he has one of the above mentioned**).

Signature _____ Date _____
