Plateroti Center Integrative Medicine
1101 LAS TABLAS RD STE H | TEMPLETON CA, 93465 | (805) 888-7447 | ADMIN@PLATEROTICENTER.COM

Written Financial & Cancellation Policy

Thank you for choosing Plateroti Center. Our primary mission is to deliver the best and most comprehensive care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options. We do not bill insurance, instead, we will provide, if requested, a "Non-Preferred Provider" form to submit to insurance to request reimbursement.

Service	Price
New Patient Appointment- Up to 60 minutes -Recommended labs, supplements, and prescriptions are **not** included and are an additional cost	$345.00 $150.00 deposit collected at time of scheduling, refundable with 24hr notice
Established Patient Appointment- 20 minutes -Depending on treatment, patient will need to be seen a minimum of 1-2 visits per year	$150.00
Established Patient Phone Consult- 20 minutes	$150.00
IV Push- EDTA- 15 minutes	$150.00
IV Push- Myers Cocktail- 15 minutes	$180.00
UVBI- 15 minutes	$175.00

Payment Options:

You can choose from:

- Cash/check, Visa®, MasterCard®, American Express® or Discover Card®
- Convenient Monthly Payment Plans[1] from CareCredit

Please note:

Plateroti Center requires payment upon checking-out on the day of service. If you choose to discontinue care before treatment is complete, your refund will be determined upon review of your case.

For New Patient, a $150.00 deposit is required to secure your initial treatment appointment. The deposit is refundable up to 24 hours prior to appointment.

A fee of the full appointment price is charged for patients who miss or cancel without 24-hour notice.

All patients must have valid Credit Card on file to schedule appointment.

Plateroti Center charges $35 for returned checks.

If you have any questions, please do not hesitate to ask. We are here to help you get the treatment and care you want and need.

◯ Please provide me with a "Non-Preferred Provider" forms at each appointment, so that I may submit to my insurance for reimbursement.

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Patient, Parent or Guardian Signature   Date

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Patient Name (Please Print)

[1]Subject to credit approval