



Rommel F. Geronimo, DC, DACNB

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Fee Schedule and Expectations

The patient is responsible for 3 separate fees: lab fees, supplements, and Dr. Geronimo's consultation fees. Consulting fees cannot be used to pay for supplements or labs. Some lab fees are covered by your medical insurance but most speciality labs are not. Supplement costs may vary depending on patient needs but the average costs is \$100-\$300/ month. Dr. Geronimo offers 3 levels of care plans: Please choose your plan with your initials.

1. _____ Hourly rate: \$350; billed in 15 min increments. Refunds available for unused time only.
2. _____ 3 hours prepaid \$950: Save \$100 off of the hourly rate. This includes the initial 2 hour consult plus an extra hour for follow up appointments. These appointments can be used for a single 1 hour long appointment or broken up into four 15 minute appointments. Refunds are available for unused time only and are pro rated at the hourly rate of \$350.
3. _____ 10 hour prepaid: \$3000. Save \$500 off of the hourly rate.
No refunds beyond the initial 4 hours or first month of care, which ever comes first. Refunds within this time period are pro rated at the \$350/ hour. The prepaid 10 hours is valid for 6 months beginning on the day of the initial consult. The patient forfeits any unused time beyond 6 months of care. Unused consulting times cannot be used to pay for supplements or labs.

What to expect with your care?

1. Initial 2 hour consult to go over medical history, expectations, assessment forms, and clinical outcomes. This is your opportunity to tell Dr. Geronimo your story. When your symptoms started, when you were diagnosed, what treatments you went through, what worked, and what did not.

2. 1.5 hours If a physical, neurological exam is required.

3. The remaining balance of your time is used for 15 minute follow up visits or phone calls to monitor your progress and to go over lab results and supplement protocols. These are typically spread out over 3-6 months depending on your needs.

_____ Print Name

_____ Signature

_____ Date