

Vinyard Institute of Plastic Surgery, LLC
Notice of Privacy Practices & Financial Policies Updated 2.7.2024

Notice of Privacy Practices:

Our Notice of Privacy Practices outlines the meticulous care with which we manage and disclose your protected health information. It's your right to review our Notice before affirming your acknowledgement through signing. The terms of our Notice are subject to change, and upon modification, an updated copy will be available for your review.

By proceeding with your signature, you confirm that you've been apprised of how we utilize and disclose your health information, as delineated in our Notice. Furthermore, a copy of our Notice is accessible to you both here and on our website www.plasticsurgeryvips.com, under the Resources Tab, and at our patient concierge desk. Your understanding of the Notice, its contents and its application to your information is essential, and we are here to ensure all your queries regarding our Notice are comprehensively addressed to your satisfaction.

Patient Signature: _____ **Date:** _____

Financial Policy:

Welcome to Vinyard Institute of Plastic Surgery, LLC, and thank you for entrusting us with your care. We're dedicated to not only meeting but exceeding your healthcare needs with exceptional care and service. Understanding our financial policy is vital to ensuring smooth and straightforward transactions, and we are here to assist you every step of the way. Simplifying your financial arrangements is our objective, and we invite you to discuss any questions with our VIPS team members at your convenience.

Please note that payments are required to be settled prior to services being rendered. It is our policy at Vinyard Institute of Plastic Surgery, LLC, to collect full payment before providing services. We accommodate a variety of payment methods for your ease: Visa, Mastercard, Discover, American Express, CareCredit, Alphaeon Credit, PatientFi, money orders, cashier's checks, personal checks, and cash. Kindly ensure all checks are made payable to Vinyard Institute of Plastic Surgery, LLC. A \$50.00 charge will be applied for returned checks, and those over \$500.00 will incur a fee of 5% of the check's total amount. Accounts with outstanding balances beyond 30 days are subject to being transferred to an outside collection agency, and a \$50.00 processing fee, along with any additional costs related to attorney fees and court costs, will be assessed by Vinyard Institute of Plastic Surgery, LLC.

VIPS Cosmetic Surgery and In-Office Cosmetic Procedures:

Consultation Fee

There is a non-refundable and non-transferable Consultation Fee of \$100 required to book a cosmetic consultation with Dr. Vinyard. This fee is collected upon booking and will be forfeited if the appointment is cancelled or rescheduled with less than (2) business days (M-F 9am-5pm) notice. The consultation fee compensates for the time and expertise provided to you by Dr. Vinyard. The fee may not be applied to any procedures, services, or products.

Reservation Fee

There is a \$1,000 non-refundable and non-transferable Reservation Fee required at the time of reserving your procedure date. This fee is used to cover the time intensive booking and scheduling process involved in reserving a procedure date exclusively for you. This reservation fee will only be applied toward the procedure and scheduled procedure date for which the reservation fee was initially paid.

Procedure Balance Payment

You will be required to pay the remaining balance due for your scheduled procedure no later than three weeks prior to your procedure date. Note: Post-dated checks will not be accepted. If you plan to use a debit card for your final payment, it is recommended that you contact your bank in advance due to possible daily limit restrictions.

Rescheduling Policy

Rescheduling your procedure for any reason will require an additional \$1,000 Reservation Fee for booking and scheduling a new procedure date.

Cancellation Policy

If for any reason medical or personal, you cancel your procedure you will be charged as follows: 14 days prior=25% of the total procedure fee, 7-13 days prior=50% of the total procedure fee; 2-6 days prior=75% of the total procedure fee, 1 day prior=100% of the total procedure fee.

VIPS Cosmetic Center MedSpa Services:

Treatment Reservation Fee

There is a non-refundable and non-transferable Reservation Fee required to reserve your scheduled treatment with one of our providers. Please refer to your individualized treatment proposal for exact fees. This reservation fee will be collected at the time of booking.

Procedure Balance Payment

You will be required to pay the remaining balance prior to your scheduled treatment. We accept Visa, Mastercard, Discover, American Express, CareCredit, Alphaeon credit, PatientFi, money orders, cashier's checks or cash for our MedSpa services. Personal checks will not be accepted for MedSpa treatments.

Rescheduling Policy

Rescheduling within (2) business days (M-F 9am-5pm) of your scheduled treatment will result in the loss of the initial reservation fee and will require an additional Reservation Fee to schedule a new procedure date.

Cancellation Policy

The cancellation of any treatment appointment within (2) business days (M-F 9am-5pm) of your scheduled treatment will result in the loss of the initial reservation fee paid. Any subsequent treatment appointments will be subject to a new reservation fee.

Refund Policy:

All procedures, treatments, and services provided, as well as products purchased at Vinyard Institute of Plastic Surgery (VIPS), are non-refundable. While our dedicated team at VIPS is committed to helping you achieve your desired aesthetic goals, it's important to recognize that the outcomes of procedures, treatments, services, and products are not guaranteed and may not align with individual expectations. Since each patient's response to treatment and resulting outcomes may vary due to numerous factors, including individual physiology, anatomy, behaviors, adherence to post-treatment care instructions, and pre-existing conditions, VIPS cannot ensure specific results or outcomes. We value open communication and collaboration with our patients to facilitate the best possible experience and outcomes.

Authorization:

I acknowledge that I have received a copy of this policy. I agree to read this document and comply with the terms set forth for services rendered by Vinyard Institute of Plastic Surgery, LLC.

Patient Signature: _____ **Date:** _____

