

Vinyard Institute of Plastic Surgery, LLC

Notice of Privacy Practices & Financial Policies

Updated 10.28.25

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 acknowledgment 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 notified of how we utilize and disclose your health information, as delineated in our Notice. 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 questions are fully addressed.

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 exceeding your expectations with exceptional care and service. Understanding our financial policy ensures smooth transactions, and we are here to assist you every step of the way.

Payments are required prior to services being rendered. We accept Visa, Mastercard, Discover, American Express, CareCredit, Alphaeon Credit, PatientFi, money orders, cashier's checks, personal checks, and cash. Checks should be 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 5% fee of the total amount. Accounts with balances outstanding beyond 30 days may be sent to an outside collection agency, and a \$50.00 processing fee plus any attorney or court costs will be assessed.

VIPS Cosmetic Surgery and In-Office Cosmetic Procedures

Consultation Fee

There is a non-refundable, non-transferable \$150 Consultation Fee required to book a surgical consultation with Dr. Vinyard. This fee compensates for the time and expertise provided and will be forfeited if the appointment is canceled or rescheduled with less than two (2) business days (M–F 9 a.m.–5 p.m.) notice, and an additional consultation fee will be required to book another consultation appointment.

If you choose to book your surgery within 30 days of your consultation, the consultation fee will be applied toward your surgical procedure balance. After 30 days, the consultation fee is billed and retained for Dr. Vinyard's consultative time and may not be applied to any future services. The surgical consultation fee is exclusively applicable toward a surgical procedure and is not eligible to be credited toward MedSpa treatments or products.

Reservation Fee

A \$1,000 non-refundable, non-transferable Reservation Fee is required at the time of reserving your surgery date. This fee secures your date and covers the time-intensive scheduling process. It is applied only toward the procedure and date for which it was originally paid.

Surgery Balance Payment

The remaining procedure balance must be paid no later than three (3) weeks prior to your procedure date. Post-dated checks are not accepted. For debit card payments, please contact your bank in advance regarding daily transaction limits.

Rescheduling Policy

Rescheduling your procedure for any reason requires an additional \$1,000 Reservation Fee to secure a new date.

Cancellation Policy

If you cancel your procedure for any reason (medical or personal), the following charges apply:

- 14 days prior = 25% of total procedure fee
- 7–13 days prior = 50% of total procedure fee
- 2–6 days prior = 75% of total procedure fee
- 1 day prior = 100% of total procedure fee

VIPS Cosmetic Center MedSpa Services

Card on File Requirement

To reserve a MedSpa appointment, a valid credit or debit card must be placed on file at the time of booking.

- Your card will not be charged unless you fail to attend your appointment or cancel/reschedule within less than two (2) business days (M-F 9 a.m.–5 p.m.) of your scheduled time.
- In such cases, a \$100 fee will be charged to the card on file to compensate for the lost time in our provider's schedule.
- For Deep CO₂ Laser Skin Resurfacing or CoolSculpting Elite appointments, the fee for late cancellation or no-show is \$200.

Treatment Balance Payment

Full payment for MedSpa treatments is due prior to the service. We accept Visa, Mastercard, Discover, American Express, CareCredit, Alphaeon Credit, PatientFi, money orders, cashier's checks, or cash. Personal checks are not accepted for MedSpa treatments.

Rescheduling & Cancellation Policy

Appointments rescheduled or canceled within two (2) business days (M–F 9 a.m.–5 p.m.) of the scheduled time, or failure to attend, will result in the applicable \$100 or \$200 fee being charged to the card on file.

Refund Policy

All procedures, treatments, services, and products purchased at Vinyard Institute of Plastic Surgery (VIPS) are non-refundable. While our team strives to help you achieve your desired aesthetic goals, results are not guaranteed and may vary based on individual factors such as physiology, anatomy, and adherence to post-treatment care instructions. We value open communication and collaboration to ensure the best possible experience and outcome.

Card on File Acknowledgment and Authorization

I understand and agree that a valid credit or debit card is required to reserve MedSpa appointments. I authorize Vinyard Institute of Plastic Surgery, LLC to securely maintain my card on file and to charge my card in the event of:

- Late cancellation (less than two (2) business days' notice), or
- Failure to attend my scheduled appointment (no-show).

I understand that the applicable \$100 fee will apply for standard MedSpa appointments, and \$200 for Deep CO₂ Laser Skin Resurfacing or CoolSculpting Elite appointments.

I acknowledge that this authorization will remain in effect unless I revoke it in writing, and that my card information will be stored securely in compliance with PCI standards.

Patient Signature: _____ Date: _____

Policy Acknowledgement

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

Patient Signature: _____ Date: _____