

**MEDICAL INSURANCE  
FINANCIAL POLICY AND ACKNOWLEDGEMENT OF RESPONSIBILITY OF PAYMENT**

Thank you choosing Liu Plastic Surgery, part of Silicon Valley Institute for Aesthetics (LPS-SVIA-SVIA) as your healthcare provider. Our staff is committed to assisting you in your care. Please read our policy below regarding your financial responsibilities, benefits and payments.

**Assignment of Benefits**

Payment is due and payable at the time of service unless arrangements have been made in advance with our office prior to our providing services to you.

- LPS-SVIA will bill all primary and secondary insurances, but I am ultimately responsible for the payment for the services and equipment I receive.
- I hereby assign to LPS-SVIA any insurance or other third-party benefits available for health care services provided to me. I understand that LPS-SVIA has the right to refuse or accept assignment of such benefits. If these benefits are not assigned to LPS-SVIA, I agree to forward to LPS-SVIA all health insurance and other third-party payments that I receive for service rendered to me immediately upon receipt.
- I understand that my signature requests that payment be made directly to LPS-SVIA. I authorize release of medical information necessary to pay the claim.

**Insurance and Insurance Collection**

We will attempt to bill your insurance company as a courtesy. Please understand that insurance reimbursement can be a long and difficult process. In fact, insurers will routinely stall, deny and reduce payments. Our billing staff has undergone extensive training to maximize your insurance reimbursement, while reducing the time by which they pay.

**Note:** Prepayment of services with subsequent filing of insurance claims may result in a refund of your prepayment if the insurance claims are approved and claim paid. Any refund of prepayment due to subsequent insurance payment may result in a 6% filing and processing charge for the claim.

**Non-Contracted / Indemnity Insurance Plan / No Insurance Card**

If you are unable to present an insurance card at the time of service or if you are covered by an insurance company with which we are not contracted, we require that you pay for services in advance. If we are able to collect from your insurance company, we will issue a refund to you.

We will attempt to bill your insurance company as a courtesy. Our office, as a convenience and a service to you, will absorb all costs incurred for billing. **Please note that not all insurers will agree to contract**

LOS GATOS  
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Phone: 408.418.0808

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Phone: 650.570.6066

SACRAMENTO  
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**with us. In the event that your insurance does not reimburse us within 90 days, we will transfer the balance of your account to your responsibility and send you a statement.**

### **Regarding Insurance Plans that LPS-SVIA is a Participating Provider**

Know your plan benefits. Non-covered services are your responsibility.

Each insurance company, including Medicare, has different plans, each with different benefits. LPS-SVIA may provide services that are not covered as a benefit of your plan. Patients or Guarantors are financially responsible for any and all services provided that are not covered by your insurance plan. **It is your responsibility to know your insurance plan and the benefits provided.**

### **PPO Plans**

LPS-SVIA is currently **NOT** contracted with any PPO Plans.

### **Covered California Plans**

LPS-SVIA is currently **NOT** contracted with any of the Covered California (“health care exchange” or “Obamacare”) plans.

### **HMO Plans**

LPS-SVIA is currently contracted with Santa Clara County Individual Practice Association (**SCCIPA**), Hill Physicians Medical Group, and Sutter Independent Physicians (**SIP**). You should confirm that you have selected SCCIPA, SIP or Hill Physicians as your health system provider within your HMO. You should be aware of your HMO benefits for non-contracted providers. Many HMO plans will **NOT** cover services by non-contracted provider. You may be responsible for the full payment of services.

### **Self-Insured / Union Plans**

Your employer may be self-insured, using insurance company for administrative and claims processing services. You may however need to provide us with the name of your human resources director and/or benefits manager. We may also require your authorization to file complaint letters to the Department of Labor and your administrator if necessary.

### **Medicare**

As a participating provider, we will bill your Medicare carrier. You are responsible for your annual deductible and 20% co-insurance. Under the existing Medicare rules and regulations, we are required by law to collect the patient responsibility portion. We will be happy to bill your secondary payer as well.

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If a balance remains after we bill Medicare and your secondary insurance carrier, we will transfer responsibility for payment to you, and send you a statement.

### **Secondary Insurers**

Having more than one insurer **DOES NOT** mean that your services are covered 100%. Secondary insurers will pay as a function of what your primary carrier pay. We may bill your secondary carrier as a courtesy. You are responsible for any balances after your insurance(s) has cleared.

### **Divorce Decrees**

This office is **NOT** a party to your divorce decree. Adult patients are responsible for their bill at the time of service. The responsibility for minors rests with the accompanying adult.

### **Co-Payments**

All co-payments are due at the time of services.

### **Minor Patients**

The adult accompanying a minor and the parents (or guardians) of the minor are responsible for full payment. For unaccompanied minors, non-emergency, or treatments that are not related to an ongoing care plan, will be denied unless charges have been pre-authorized to an approved credit plan, credit card, or payment by cash or check at the time of services has been verified.

### **About your information**

LPS-SVIA asks that you bring your insurance card with you to every office visit. It is your responsibility to keep us informed of any changes in your insurance coverage. We require that you update your address, telephone and employer information with us whenever there is a change. We are not responsible for delinquent accounts due to lack of receipt of statements or other correspondence. Notices are assumed to be acceptable if they are returned to us as unclaimed, forwarding order expired, or otherwise undeliverable.

Our goal at LPS-SVIA is to serve your medical needs as well as we possibly can; and we want to make the billing a non-issue right from the start.

### **Records, Copying and Forms**

There will be a **\$25 minimum charge** for copying materials from your chart when done other than at the time of a visit. This includes copying records to send to another physician or medical facility. There is a **\$50 charge** to complete a disability form.

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JEROME H. LIU, MD

TOM S. LIU, MD

**Returned Check and Denied Credit Card Fee**

There is a **\$50 banking fee** for all returned checks. If your check is returned from the bank, we will not accept a check as payment on your account. Future payments must be made with cash, cashier's check/money order or credit card.

**Collections / Pre-Collections**

LPS-SVIA will send you a statement after we have completed our efforts to bill your insurer. We charge a monthly interest rate of **1.5% (18% annually) on all outstanding balances after 30 days**. If we do not receive payment after **60 days**, your account may be turned over to a collections service.

All patient information is confidential and subject to state laws including the Confidential of Medical Insurance Act: Section 56 of the California Civil Code.

My signature below affirms that I understand and accept the terms of the LPS-SVIA Medical Insurance Financial Policy.

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<b>Patient Name</b>	<b>Patient Signature</b>	<b>Date</b>
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<b>Witness Name</b>	<b>Witness Signature</b>	<b>Date</b>
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