

## PATIENT FINANCIAL POLICY AND ACKNOWLEDGEMENT OF RESPONSIBILITY OF PAYMENT

Thank you for choosing Silicon Valley Institute for Aesthetics (SVIA). Our staff is committed to assisting you in your care. Please read our policy below regarding your financial responsibilities and payments.

The cost of your surgery/procedure is just one of many factors when thinking about surgery. You should know in advance all costs involved with the procedure you are considering. When you meet with our Patient Care Coordinator, she will provide you with a detailed explanation of what to expect.

### 1. Consultation Fee.

- **Revision Surgical Consultation with the MD.** For patients seeking a corrective surgical consultation, SVIA charges a **\$500** non-refundable cosmetic appointment fee that is charged over the phone at the time of scheduling. If and when you decide to book your surgery, the consultation fee will be applied towards surgery.
- **Revision Injectable Consultation with the MD.** For patients seeking a corrective injectable consultation, SVIA charges a **\$200** non-refundable cosmetic appointment fee that is charged over the phone at the time of scheduling. If and when you decide to book your treatment/procedure, the consultation fee will be applied towards the procedure.

### 2. No-Show and Cancellation Policy.

We understand emergencies and unexpected circumstances can come up that will cause you to change or cancel your appointment with us. We ask you to give us notice **24 hours** in advance if you need to make any changes to your appointment. In the event you do not show up to your revision surgical or injectable consultation with the MD or cancel within the **24 hour** window, an additional fee will not be assessed. If you wish to rebook the appointment, you would be charged the non-refundable cosmetic consultation fee (\$500 for a surgical revision or \$200 for an injectable revision consultation). Please note that surgery and in-office procedures have their no-show and cancellation policy that will be provided to you by the Patient Care Coordinator.

### 3. Fee Quote.

At your cosmetic revision consultation, you will receive a written fee quotation. This includes:

- Plastic Surgeon professional fees.
- Any injectable costs and fees.
- The cost for the operating room facility and any special equipment.
- The professional fee charged by the anesthesiologist, if an anesthesiologist is required.

### 4. Payment Policy.

The non-refundable surgical fee is due at the time of booking. We accept the following forms of payment:

- Cash
- Cashier's Checks
- Visa, MasterCard, American Express, and Discover (subject to change without notice)
- Patient financing with CareCredit, Alphaeon Credit, Greensky or PatientFi (subject to change without notice)

JEROME H. LIU, MD

TOM S. LIU, MD

5. **Insurance (if applicable).** Liu Plastic Surgery (part of the Silicon Valley Institute for Aesthetics) is a contracted provider with Santa Clara County IPA (SCCIPA), Medicare, Sutter Independent Physicians (SIP), and Hill Physicians and only accepting patients in those networks on a case by case basis. We are not contracted with any other network providers. We will provide an invoice if you would like to file a claim. All medical fees are due at the time of service. There are many different types of insurance plans, so we recommend that you verify your coverage benefits prior to making an appointment with us.
  
6. **Product returns.** New and unopened products can be returned or exchanged for the full amount within **30 days of purchase.** If you are not satisfied with the product, we are happy to exchange your product or give a product credit within 30 days of your purchase. If you have an allergic reaction to your product, please let us know and we are happy to give you a full refund within 30 days of your purchase. Product exchanges and credits can only be used towards similar category products and not towards any procedures or fees. Any returns or exchanges after 30 days for any reason will not be accepted.

Thank you for understanding our financial policy. Please let us know if you have any questions or concerns.

My signature below affirms that I understand and accept the terms of the SVIA Patient Financial Policy.

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**Patient Name**

**Patient Signature**

**Date**

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**Witness Name**

**Witness Signature**

**Date**

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