

JEROME H. LIU, MD

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**COSMETIC SURGERY (IN-OFFICE PROCEDURES)
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.

I have chosen to have an elective cosmetic procedure with SVIA and understand and agree to the following:

Scheduling. There is **\$1,000 (non-refundable)** surgery scheduling administrative fee at the time that cosmetic surgery is booked and time is reserved. This includes costs of services rendered at your initial medical evaluation and consultation (\$750).

Preoperative appointment. The balance of cosmetic surgery is due at the pre-operative appointment (2 weeks prior to surgery) or on the day of surgery if a dedicated pre-op is not necessary.

Rescheduling. Cosmetic surgical patients who need to reschedule surgery after it has been booked can do so **one time** without penalty. There is a **\$250** administrative fee for rescheduling surgery a second time (if **> 2 weeks** before surgery). Rescheduling of any surgery **< 2 weeks** of the scheduled date will result in a **\$500** penalty (even if it is the first time).

Cancellations.

- More than **2 weeks** prior to surgery – SVIA will refund all monies collected less the **\$500** surgery scheduling administrative fee.
- Less than **2 weeks** prior to surgery – SVIA will refund all monies collected less the **\$1,000** administrative fees assessed for scheduling the surgery and the pre-operative appointment.

Full payment of services is required 2 weeks prior to the procedure. SVIA accepts cash, cashier’s checks, and all major debit and credit cards. Credits cards must be present at the time of charge.

With any surgical procedure there are possible additional procedures that may be required such as lab tests, pathology (common surgical procedures that utilize pathology include but are not limited to breast reduction, breast capsule surgery, etc.), radiology tests, consultations, medications and/or hospitalization. These may or may not be covered by my health coverage. I will be responsible for any additional fees incurred.

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 Cosmetic Surgery Financial Policy.

Patient Name	Patient Signature	Date
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Witness Name	Witness Signature	Date
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