

JEROME H. LIU, MD

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**COSMETIC NON-SURGICAL  
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 non-invasive cosmetic procedure with SVIA and understand and agree to the following:

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

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

**Cancellations.** SVIA will refund all monies collected except a **\$500 administrative scheduling fee.**

**Re-treatment.** The non-surgical procedures listed above are FDA-cleared and scientifically proven treatments. However, a patient's response to treatment depends on many factors, some of which cannot be controlled by the technology or technologist. Patients may require retreatment or multiple treatments of a region to achieve the desired result.

**Full payment of services is required on the date of 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 non-surgical procedures there are risks and complications that may result in additional procedures, lab tests, 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 Non-Surgical Financial Policy.

**Patient Name**

**Patient Signature**

**Date**

**Witness Name**

**Witness Signature**

**Date**

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