

JEROME H. LIU, MD

TOM S. LIU, MD

**Out-of-Network Payment Agreement**

I understand that Liu Plastic Surgery may **not** participate in network with my medical insurance. I also understand that my insurance company may send the payment for the professional services directly to me or my insured family member. I agree to send that payment to:

For Los Gatos and San Mateo Patients

**Liu Plastic Surgery, 15055 Los Gatos Boulevard, Suite 250, Los Gatos, CA 95032**

OR

For Sacramento Patients

**Liu Plastic Surgery, 1111 Exposition Blvd, Suite 400B, Sacramento, CA 95815**

I agree to send the original check (please write *"Pay to the order of Liu Plastic Surgery"* on the back) or a personal check for the entire amount that was sent to me by the insurance company within **72 hours** of receipt of any such payment.

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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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LOS GATOS  
15055 Los Gatos Blvd., Suite 250  
Los Gatos, CA 95032  
Phone: 408.418.0808

SAN MATEO  
66 Bovee Rd., Suite 360  
San Mateo, CA 94402  
Phone: 650.570.6066

SACRAMENTO  
1111 Exposition Blvd., Suite 400B  
Sacramento, CA 95815  
Phone: 916.678.4188