

JEROME H. LIU, MD

TOM S. LIU, MD

**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.

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

Scheduling. There is **20% refundable deposit due at time of scheduling**. This deposit is refundable up to 30 prior to your procedure. If you must reschedule or cancel the procedure, there will be no penalty if you do so more than 30 days in advance of your scheduled procedure. Any changes made 14-29 days prior to your procedure will require repayment of the 20% deposit to reschedule. **Changes or cancellations to your procedure date within 2 weeks of surgery are not eligible for refund.**

Final Payment. Full payment of services is required **2 weeks prior to the procedure** (typically at your pre-operative appointment). If your procedure does not require a pre-operative appointment, the full payment is required **on the day of your procedure**. SVIA accepts cash, cashier's checks, and all major debit and credit cards. Credits cards must be present at the time of charge. We also accept PatientFi, Care Credit, and Alphaeon Credit.

Refunds. All refunds will be in accordance with the original means of payment. All refunds will be less any applicable credit processing fees.

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 health coverage. You 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 (In-Office Procedures) Financial Policy.

Patient Name	Patient Signature	Date

Witness Name	Witness Signature	Date

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