

JEROME H. LIU, MD

TOM S. LIU, MD

**COSMETIC SURGERY
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. A refundable deposit (20% of surgeon's fees) is due at time of scheduling. This deposit is refundable up to 30 days 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.

Preoperative appointment. The balance of elective surgery is due at the pre-operative appointment (approximately 2 weeks prior to surgery). 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 as financing options.

Anesthesia and surgical facility. You will be responsible for payment of your estimated anesthesia and surgical facility fees directly to the surgical facility prior to surgery or on the day of surgery. Although uncommon, you will be responsible for any overtime fees.

Rescheduling / Cancellations. Any changes to your procedure date made 30 days or more before your selected surgery date can be done without penalty. 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.**

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. 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 Financial Policy.

Patient Name	Patient Signature	Date
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Witness Name	Witness Signature	Date
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LOS GATOS 15055 Los Gatos Blvd., Suite 250 Los Gatos, CA 95032 Phone: 408.418.0808	SAN MATEO 66 Bovet Rd., Suite 360 San Mateo, CA 94402 Phone: 650.570.6066	SACRAMENTO 1111 Exposition Blvd., Suite 400B Sacramento, CA 95815 Phone: 916.678.4188