



## VAKSMAN DENTAL GROUP

1241 Mission Rd, South San  
Francisco, CA 94080, USA

**(650) 588-3710**



## Financial Policy

# Financial Policy & Agreement

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We are pleased to have an opportunity to provide "You" (the patient signing below) with the highest quality dentistry possible, in an open, honest, and pleasant environment and to keep You informed of treatment recommendations and financial obligations.

Of course, if You have dental insurance, we will help you maximize your benefits.

### **Our Payment Policy:**

- Payment is due no later than at time services are rendered, unless we are waiting on insurance payments, in which case the patient portion must be paid.
- In certain situations, and at the discretion of our office, full or partial pre-payment of services may be required to secure an appointment.
- Payment options include cash, check, credit card, as well as 3rd party no and low interest payment plans upon credit approval. (See below for credit card policy).
- If You are a patient with dental insurance, it is important to remember that Your insurance plan is a contract between You, Your employer and the insurance company. This contract is in no way a binding obligation between the dental insurance company and our office. Although we will always use best efforts to work with Your insurance provider, in certain instances we have no control over their payouts, which is why if we have not received payments from Your insurance company within 60 days of the date of service, the balance becomes Your responsibility. For this reason, You should be fully aware of the provisions, as we always provide the best estimate, but it is not a guarantee of payment.
- You will always receive a treatment plan for services, which estimates Your portion of payment. If we estimate and collect Your co-payment and the insurance underpays or denies a benefit, You are responsible for the remaining balance.
- Not all services are covered by insurance. Insurance companies arbitrarily select certain procedures they do not cover, based upon the premium/contract. However, our providers base Your treatment plan on medical necessity and not on insurance guidelines. We believe it is Your right to choose Your own treatment and not be limited to what an insurance provider will allow. As such, if services are not covered by Your insurance, You will be advised in advance and provided an opportunity to accept or decline such non-covered treatment. Note that non-covered services are not submitted to Your insurance, and You will not see them on Your explanation of benefits (EOB).
- To help us process your insurance claim for Your reimbursement, please keep our office aware of any changes to Your plan. Also, please call Your insurance carrier to expedite claims if a claim is not paid within thirty (30) days.
- Unpaid balance statements are sent monthly, and are due upon receipt. After 30 days, interest will accrue monthly at 1.5% on any unpaid balance. If any unpaid balance remains after 90 days, Your account may be assigned to a

collection agency and/or an attorney for enforcement action. The prevailing party in a legal action shall be entitled to recover its attorney fees and any related expenses.

- Patients with an outstanding balance must make payment arrangements prior to scheduling future appointments.
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## Cancellation, Deposit and Refund Policy

Thank you for choosing our office. We reserve dedicated clinical time, staff, and resources for every appointment. The following policies help us protect that time and provide high-quality care for all patients.

### **Missed or Late-Cancelled Appointments**

If You cancel with less than **48 business hours' notice** or do not show, You may be charged the **\$150 per 30 minutes** of reserved time. You will be informed of the length of Your appointment time during scheduling.

### **Deposits for Large Appointments**

For appointments estimated at **\$2,000 or more**, or scheduled for **2 hours or longer**, a **50% deposit** is required to reserve the appointment.

### **Non-Refundable Portion**

Once the appointment is scheduled, **35% of the total treatment fee becomes non-refundable**. This represents the standard advance costs of preparing major procedures (staffing, scheduling, clinical setup).

### **When the Full 50% Becomes Non-Refundable**

If the case enters the **production phase** — defined as *any* of the following:

- lab work is initiated,
- case-specific materials are ordered, or
- doctor treatment planning begins,

then **the entire 50% deposit becomes non-refundable**. This reflects the additional costs and time the practice incurs once treatment preparation actively begins.

### **If the Case Does Not Enter Production**

If You cancel **before** the production phase AND with at least 48 business hours' notice, the refundable portion (the remaining 15%) is returned.

Note: Missed appointment fees may be incurred in addition to deposit charges.

### **REFUND POLICY FOR COMPLETED TREATMENT**

Payment for dental services covers the time, expertise, materials, and clinical judgment involved in providing care. Because these services are performed and delivered at the time of treatment, **fees for completed procedures are not refundable**. If You are dissatisfied with the clinical outcome, we will evaluate the situation and may, at the our sole discretion:

- adjust the restoration,
- repair or replace the work, or
- apply an appropriate credit toward corrective treatment.

Refunds are **not** issued for services that have been completed, as treatment cannot be "returned" once provided.

Note: Invisalign treatment is governed by a separate financial agreement; such that the deposit and non-refundable policies above do not apply. However, the standard missed-appointment fee still applies to any reserved appointment time.

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## Credit Card and Debt Policy

In certain situations, we may require that our office maintain Your credit card on file, which will be stored with our credit card merchant processors, which they safely and securely. If needed our office may still charge Your card from time to time, which You hereby approve us to do for outstanding balances, in accordance with the above and below mentioned financial policies.

Although we do our best to provide accurate information regarding your Insurance policy, You are ultimately responsible for understanding your Insurance, since You will be responsible for any charges if any of the following apply: (1) your dental plan requires prior authorization before receiving services at Vaksman Dental Group, and such authorization was not obtained; (2) you receive services in excess of allowable charges; (3) your dental plan determines that the services you received at Vaksman Dental Group are not medically necessary and/or not covered by your insurance plan; (4) your dental plan coverage has lapsed or expired at the time you receive services at Vaksman Dental Group. If you are not familiar with your plan coverage, we recommend you contact your carrier or plan provider directly.

This authorization shall remain effective unless expressly revoked by You in writing.

Should You decline to keep your credit card on file, pre-payment in full (total fee including any estimated insurance) may be required for all services at the time of booking.

Note: A holder of this medical debt contract is prohibited by Section 1785.27 of the Civil Code from furnishing any information related to this debt to a consumer credit reporting agency. In addition to any other penalties allowed by law, if a person knowingly violates that section by furnishing information regarding this debt to a consumer credit reporting agency, the debt shall be void and unenforceable.

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## Miscellaneous Fees

X-Ray Request - Upon request, we will gladly provide you a digital copy of your x-rays, for which there is a \$25.00 administrative fee.

Returned Check Fee - \$25.00 fee applied to any returned check.

If you have any questions regarding the above information, please do not hesitate to ask. We are here to help you!