

**Van Ness Oral Surgery and  
Implantology Center  
Dr. Len Tolstunov**  
1 Daniel Burnham Ct., Suite 366C,  
San Francisco, CA 94109  
Ph: (415) 346-5966

## ***Financial Policy/Disclosure Agreement***

**Patients name** \_\_\_\_\_ **Social Security Number** \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Patient's parent (legal guardian) if under the age of 18 \_\_\_\_\_

1. I agree to make my full payment for the consultation and/or treatment.
2. It is understood that if my payment owed under this agreement becomes delinquent, the remaining amount owing must be made immediately due and payable, and treatment may be discontinued.
3. Attorney's and collection fees incurred in an effort to enforce payment required by this agreement will be paid by the delinquent patient/client; whose failure to pay required these costs and services to be incurred.
4. Insurance estimates for the procedures are estimates only. It is not a guarantee of payment. Therefore the patient is responsible for the payment not received from the insurance company within 60 days of submission of the claim, and is ultimately responsible for the "Unpaid Balance".
5. It is understood that my insurance carrier may have the following disclaimer:  
"This is only a summary of coverage and not a promise to pay. Benefits could change or end before services are rendered. Specific exclusions, and/or qualification may apply. We have no way of knowing until we see and review the actual claim."

**There will be a \$30 charge for a cancellation of your scheduled appointment within less than 24 hours. There will be a \$100 charge for a cancellation of your implant surgery after your final pre-operative appt.**

**We advise you:**

1. To provide the most accurate and current insurance information.
2. To call your insurance company and check your benefits (maximum, etc).
3. Some insurance companies require preauthorization for the procedure. It may take up to 3-4 weeks to get the response (approval or denial). **If you prefer to have surgery done earlier, you may elect to schedule the surgery and deal with your insurance company yourself later.** You need to be aware that some insurance companies may deny payment for the non-preauthorized treatment.
4. **To pay on the day of your consultation.** When you come back for your surgery, you may not want to think about finances. If you did not pay for the procedure on the day of your consultation, your payment will be due on the day of surgery in full unless other arrangements are made in advance.

I have read and agree to be responsible for all the charges for dental/surgical services and materials not paid by my dental/medical benefit plan, unless the treating dentist or dental practice has a contractual agreement with my plan prohibiting all or a portion of such charges.

Patient/Parent Signature \_\_\_\_\_

Date \_\_\_\_\_