



Dr. Hyung-Jun Kong, D.D.S  
Prosthodontist

## Patient Financial Agreement

Prime Dental requires all patients to make financial arrangements with us before we provide treatment.

1. I understand that full payment is due at the time of service for myself and any party for whom I am financially responsible.
2. I understand that it is solely my responsibility to confirm which treatments or procedures are covered and/or paid by my insurance (including, but not limited to, any applicable exclusions, deductibles, annual or lifetime maximums).
3. I understand that as a courtesy, Prime Dental will attempt to verify my insurance coverage from information that I provide and will file two claims per appointment. I am required to pay in full, before treatment is performed, the estimated portion of any procedures or treatment that will not be covered by my insurance.
4. I understand that insurance claims will only be filled if I provide Prime Dental with my social security and insurance identification numbers (if applicable). If I choose not to provide Prime Dental with my social security number, I understand that I must pay in full for all services rendered. It is Prime Dental's policy to require social security numbers and a copy of government-issued picture identification (driver's license) for recordkeeping purposes. Even though that may not be the policy of my insurance carrier.
5. I understand that although I pay my estimated patient balance on the date of service, the insurance estimate may differ from what my insurance carrier ultimately pays. I will be responsible for any amounts not paid by my insurance for any reason, and I may receive a bill/statement for a balance due which will be immediately payable upon receipt.
6. I understand that all account balances over 30 days will incur an interest charge at the maximum legal rate allowed.
7. I understand that I will be charged the maximum service charge allowed by law for any returned check, electronic authorization or any debit sent or provided to Prime Dental for payment.
8. I understand that I must inform Prime Dental, in writing of any concerns, questions or disputes I may have concerning my treatment or charges in a timely manner but not more than 30 days from either the completion of the procedure or awareness of dispute.
9. I understand that if I fail to pay my account upon it becoming due, Prime Dental may report my account to credit rating bureaus or to a collection agency and/or take legal action against me for full payment, including but not limited to all related reasonable attorney's fees, collection and/or court costs.
10. I understand that unless patient records are sent directly to another provider, the charge for copies of x-rays is \$18.00 and treatment information is \$5.00 or the maximum amount allowed by law or my insurance carrier. These fees are subject to change without notice.

11. I understand that Prime dental currently charges \$25.00, or the amount allowed by insurance, for a broken or cancelled appointment unless 24 hours advance notice is given. This fee is subject to change without notice.
12. I understand that it is my responsibility to immediately notify Prime Dental of any changes to my address, phone number, work contact information, work status, insurance changes, etc.
13. I authorize payment of the dental benefits otherwise payable to me directly to the below named dental entity. I further authorize Prime dental to deposit checks received on my account when made payable in my name.
14. I understand that if I discontinue treatment for a requested procedure, including but not limited to, partials, dentures, crowns, bridgework and surgical preparatory work, I remain responsible for paying all lab related costs for materials and services that were incurred before I discontinued treatment. All related costs will be deducted from any refund to which I may be entitled for discontinued treatment and I may receive a bill/statement for a balance due.
15. Refund of products: I understand that Prime Dental's return policy for unopened or unused non-prescription products is thirty (30) days from the date of purchase. Non-prescription products include, but are not limited to, toothbrushes, or other non-prescription merchandise. By law, prescription products cannot be returned which include but are not limited to, whitening products or toothpastes.

I have thoroughly read, understand and agree to the above terms and conditions.

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Printed Name

Date

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Signature of Patient (or authorized guardian)

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If authorized guardian, relationship to patient