SARASOTA DENTAL ARTS
General, Implant, and Cosmetic Dentistry

Kaya Aygen, D.M.D.
7162 Beneva Rd.
Sarasota, FL 34238
941-927-8287
admin@sarasotadentalarts.com

FINANCIAL RESPONSIBILITY

Thank you for choosing us as your dental care provider. The following information provides the basis for the financial aspect of your treatment. We sincerely desire to treat our patients in a pleasing and congenial atmosphere and find this can best be accomplished when a clear understanding exists regarding financial arrangements. Please contact the office at any time with questions regarding your financial responsibility.

- PAYMENT: Fees for services are due when treatment is rendered. Payment may be made in cash, check, or by credit card.
- FINANCING: We offer financing thorough CareCredit. Many options, including zero interest financing are available.
- PREPAYMENT COURTESY: For qualified treatment plans, a 3% courtesy discount is given for payment in full by cash or check prior to the first treatment visit.
- INSURANCE: If you have dental insurance, we will file the appropriate claim forms with your insurance company, provided you supply us with documented evidence of coverage, ie an insurance card. Assignment of benefits is to the patient or the insured. Although we make every effort to help you understand and obtain your benefits, we cannot guarantee your insurance provider will pay. The amount of reimbursement is determined by the insurance carrier. We do not accept responsibility for collecting on an insurance claim or for negotiating a settlement on a disputed claim.
- THIRD PARTY PAYMENT: If the Guarantor of Account is someone other than the patient, financial arrangements must be made prior to treatment being provided.
- NON-PAYMENT: In the event the charges incurred are not paid in full when due and collection action is instituted, the patient is responsible for the additional costs associated with such collection activity. The collection costs may include and are not limited to collection agency fees, attorney fees, court costs and/or any other expenses incurred in its collection as allowable by law.
- RETURNED CHECKS: A $25 processing fee will be charged for a returned check.
- INTEREST: Any account remaining unpaid 30 days from date of service will be charged interest at the rate of 1.5% per month on any unpaid balance (18% per year) unless prior payment arrangements have been approved.
- CANCELLATION: Patients are expected to notify the office at least 48 hours prior to their scheduled appointment if they cannot keep the appointment. Failure to properly notify the office may result in a charge of $80 per hour of scheduled appointment time. Three non-notified missed appointments may result in dismissal from the practice.

FINANCIAL RESPONSIBILITY AGREEMENT
I have read the financial responsibility for dental services, agree to the terms and accept full responsibility for all charges for services rendered.

Patient or Authorized Representative Signature: _____