

**Village Dentistry**  
**Dr. David M. Hagel, D.D.S.**

**Acknowledgement of Financial Policies**

Welcome to Dr. David Hagel's office at Village Dentistry. Our practice is committed to providing you and your family with safe, gentle, high-quality dental care. Providing comprehensive dental services includes discussing treatment and financial information before treatment is performed so you can anticipate fees you may owe and make financial arrangements as necessary. If we fail to do this, please ask.

**Insurance**

As a courtesy to our patients using dental insurance, Dr. Hagel's office submits your insurance claim on your behalf and assists you in maximizing the dental benefits provided by your insurance provider. Policy coverages, eligibility, and follow-up on unpaid claims are ultimately your responsibility. **On the date of your office visit, you are responsible for your deductible and the portion we estimate that your insurance does not cover.** If insurance coverage cannot be verified prior to treatment, you will be responsible for the full amount of rendered services on the date that treatment was provided.

**Any quoted amount for dental services is always an estimate and is subject to change.**

If your insurance company has not made a payment within 60 days of billing, the balance will become your responsibility (insurance is a contractual agreement between the insurance company and your employer. Dr. Hagel's office has no control over this relationship).

**Cash and Senior Discounts**

We offer a 5% discount for in-full cash, check, or debit card payments at the time of treatment. Seniors (age 60 & older) receive an additional 5% discount when paying for treatment, in-full, at the time of service. Cash and senior discounts are not applicable with dental insurance.

**Treatment Plan Changes**

Changes to treatment can change during your procedure. The patient is responsible for any monetary differences in the services rendered. Additional treatment cannot be schedule for patients with an outstanding balance.

**Reschedule and Cancellation Policy**

48 business hour's notice for cancellations and rescheduling of appointments is needed to avoid a \$60.00 fee. Two consecutively missed appointments may require up-front payment for your next appointment.

**Collections and Finance Charges**

Accounts without payment activity in 90 days may be handed to a collection agency. Outstanding balances will accrue a monthly finance charge starting 30 days from the date of service. A \$30 fee will be assessed for any returned checks.

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**Consent & Authorization**

I have read and understand the financial policies of Dr. Hagel's office. By receiving treatment for myself or for my dependents, I authorize and accept responsibility to pay for such treatment. Fees not covered by my dental insurance will be promptly paid upon notification from this office. Without any reservation, I agree to abide by these policies.

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Name of Patient or Personal Representative

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Signature of Patient or Personal Representative

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Date

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Description of Personal Representative's Authority