



391Northside Drive  
Batesville, IN 47006  
812-934-3651  
Fax 812-932-0203

**\*\*\*WRITTEN FINANCIAL POLICY\*\*\***

Thank you for choosing Batesville Dental! Our Primary mission is to deliver the best and most comprehensive dental care at an affordable price. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

**PAYMENT OPTIONS:**

You can choose from—Cash, Check, Visa, Mastercard, Discover & American Express

**\*NO INTEREST\*** Payment Plans from CareCredit or Lending Club  
Allow you to pay over time with **NO INTEREST\***  
Convenient, low monthly payment plans also available  
No annual fees or pre-payment penalties

A 5% discount when paying with cash or check on the day of service for patients when no insurance is available. Offer is not available with insurance or any other discounts.

**PLEASE NOTE:**

Batesville Dental requires payment prior to or immediately after your treatment. If you choose to discontinue care before treatment is complete, your refund will be determined upon review of your case.

For patients with dental insurance, we are happy to work with your carrier to maximize your benefits and directly bill them for reimbursement for your treatment. **Only your insurance company** can address insurance benefits, coverage, or billing issues. **It is the patient's responsibility** to know what his/her insurance coverage and benefits are. Each dentist's office works with several insurance companies and cannot guarantee what each patient's insurance provides. The contract is between you and the insurance company. We only provide dental treatment. But, we are here to help you in any way possible.

For larger, more comprehensive treatment plans of \$250.00 or more, a deposit may be required to secure your treatment appointment.

**A fee of \$50.00** may be charged for patients who **miss or cancel, or may be required to hold an appointment.**

**Our office requires a 24-hour cancellation notice prior to your appointment.**

**A fee of \$5.00** is charged per month for accounts older than 40 days and any collection expenses of services rendered will be passed onto the delinquent account. Batesville Dental charges **\$75.00 for returned checks.**

If you have any questions, please do not hesitate to ask. We are here to help you get the dentistry you want or need.

Sincerely,  
Bradley P. Broughton, DDS  
Cynthia A. Ledermeier, DDS

\*If paid within the promotional period. Otherwise, interest assessed from purchase date. Minimum monthly payment requires.

\*Subject to credit approval.

\*However, if we do not receive payment from your insurance carrier **within 60 days**, you will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier.