

Steven J. Ludford, D.D.S.

2001 Fourth Street, Peru, IL 61354
(815)223-0171

Financial Guidelines

We are committed to providing you with the best care possible to achieve total oral health. In order to achieve these goals, we need your assistance and your understanding of our financial guidelines.

Insurance

We accept most major dental insurance payments, however we may not be an in network provider for your plan. If we are not an in network provider, review your plan details, as in many cases insurance reimbursement is very similar.

- **We are in network for Delta Dental Premier Plan only.**
- **No estimate is a guarantee of payment.** Please understand, you are responsible for all charges not paid by your insurance. Also, many insurance companies are excluding certain dental procedures or downgrading procedures to a lesser reimbursement level; in which case, you would be responsible for the difference.
- **Minors' must be accompanied by a parent or legal guardian.** If the parents are separated or divorced, the person accompanying the minor will be responsible for copayment at the time of service.

Payments

- **Patient portion or patient co-pay is due at the time services are rendered** – Unless prior financial arrangements have been made.
- **Payment Information:**
 - We accept Visa or MasterCard only.
 - 5% Discount for our uninsured cash/check paying patients.
 - Financing options are with Care Credit.
- **Balances left over 90 days may be subject to a finance charge/and or monthly finance fee.** If an account goes to Collections, you will be responsible for any Collection Cost incurred. We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact our Office Manager for assistance in the management of your account.

Last Minute Canceled/No Show Appointments

- **We kindly ask for a 24 hour notice if you are unable to keep your reserved time.** Unless an emergency occurs, we expect to run on time for your appointments, and we appreciate the same courtesy from you.
- **Last Minute Canceled/No Show appointments will be charged \$50.00 per missed appointment.**

By signing below I acknowledge I have read and understand the guidelines above.

Signature:

Date: