

ASHLEY LLOYD, D.D.S., P.L.L.C.  
1330 ST. MARY'S STREET, SUITE B-30  
RALEIGH, NC 27605

### **Patient Financial Policy**

Thank you for becoming a patient at the office of Dr. Ashley Lloyd.  
We are committed to working with you to achieve your best oral health.  
Please take a moment to read our Financial Policy so that you may understand your financial obligation.

### ***Co-pays, deductibles, and elective cosmetic procedure fees are Due at Time of Service***

- \*We accept cash, checks, Visa, MasterCard, Discover and Care Credit.
- \*Returned checks will be charged a \$25.00 check fee.
- \*Balances not paid within 90 days will be turned over to a collection agency.

### **Dental Insurance**

***Any benefit information given to you by a member of our office is not a guarantee of payment.*** Your dental insurance is a form of compensation provided by a contract between you and your employer. You can expect your insurance to reimburse you for a portion of our fee. That portion is determined by the contract between the employer and the insurance company. We respect our patients and will help in any way possible to assist you in maximizing your benefits. ***Please know that having dental insurance, referrals, and pre-authorizations does not guarantee payment by your insurance company.***

### **No-Show Policy**

We kindly ask for 24 business hours to cancel your appointment. We work hard to accommodate emergencies and can only do so if we know you are coming to your appointment. A \$25.00 NO SHOW (broken appointment) fee will apply for all dental cleaning/exams. A \$50.00 NO SHOW (broken appointment) fee will apply for all restorative and cosmetic procedures that are not cancelled or rescheduled at least 24 hours before appointment time. ***Multiple no-shows or less than 24 hour cancellations may result in termination from the practice.***

I have read and agree to this financial policy.

Date\_\_\_\_\_

Signature of Responsible Party\_\_\_\_\_