

J. M. Morrison, D.D.S., PA
Ashley H. Lloyd, D.D.S.
615 St. Mary's Street
Raleigh, NC 27605

Patient Financial Policy

Thank you for choosing the office of Doctors Jeff Morrison and Ashley Lloyd, D.D.S., PA. We are committed to your treatment being successful. Please take a minute to understand your financial obligations.

FULL PAYMENT OF PATIENT OBLIGATIONS SUCH AS CO-PAYS, CO-INSURANCES, DEDUCTIBLES OR COSMETIC PROCEDURES IS DUE ON DATE OF SERVICE.

We accept Cash, Checks, Visa, MasterCard, Discover, Care Credit, and Chase Health Advance.

(There is a \$25 returned check fee)

No-Show Policy

We ask for 24 business hours to cancel your appointment. There is a \$25 No Show/ Broken Appointment fee for all cleanings and exam appointments and a \$50 No Show/ Broken Appointment fee for all restorative and cosmetic appointments missed that are not cancelled or rescheduled at least 24 business hours before the appointment time. This must be paid before your next visit. **Multiple "No Shows" may result in termination from the practice.**

Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. In the event that we do accept assignment of benefits, please be aware that some or perhaps all of the services provided may not be covered. In spite of what you are told, most dentist find that the majority of plans cover about 30% to 40% of an average fee, insurance companies refer to this as "usual and customary". In our office we do not view our patients as "usual and customary, but as quality people who expect quality dentistry. It is up to you to make sure, you know your benefit coverage, and you obtain all necessary pre-certifications. **HAVING INSURANCE BENEFITS, REFERRALS, AND PRE-AUTHORIZATIONS IS NOT A GUARANTEE OF PAYMENT FROM YOUR INSURANCE COMPANY.**

All balances not paid within 90 days will be turned over to collections.

I have read and agree to this financial policy:

Signature of patient or responsible party: _____

Date: _____