

Grady Dental Care

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Welcome to our office.
We appreciate the trust you have placed in us.

Please read the following and do not hesitate to ask questions:

Payment for services is expected at the time the services are provided. All services rendered to you, your dependents, or others assigned by you to your account are charged directly to you, and you are responsible for payment. We accept cash, personal checks, Visa, Mastercard, American Express, Discover and a third party finance company, Care Credit.

If you present a check for insufficient funds or stop payment on an issued check, you will be charged a \$35.00 processing fee.

In the event that a delinquent account has been turned over to our collection agency a 40% collection fee will be added to your account for the entire balance.

In the case of children with divorced parents, the sole custodial parent will be financially responsible for providing this office with payment, regardless of divorce settlement. All patients under the age of 18 should be accompanied by an adult. This adult is responsible for payment of services performed on the patient at the time of service.

If you have dental insurance:

As a courtesy, we will file the claim for you to your primary insurance provider. However, we will not file to secondary. Please understand that the contract is between you and your insurance company and payment for services is ultimately your responsibility. We will estimate your deductible and the portion not covered by your insurance. This portion is due at the time of treatment.

THE PATIENT IS ULTIMATELY RESPONSIBLE FOR THE ACCOUNT REGARDLESS OF INSURANCE COVERAGE. Any insurance claims denied or remaining unpaid after 45 days will automatically become the responsibility of the patient. We will not enter into a dispute with your insurance company over your claim. Upon request, we will supply you with a copy of the claim so that you can resubmit if necessary. All services rendered after hours will be collected at that time, regardless of any insurance coverage.

If you break an appointment with our office or have to reschedule:

We ask for a 24 hour notice of cancellation as a courtesy to us and our patients. Failure to do so will result in a \$50 broken appointment fee for the scheduled appointment.

OUR STAFF CONFIRMS APPOINTMENTS 24-48 HOURS PRIOR AS A COURTESY TO OUR PATIENTS. IF A MESSAGE IS LEFT, PLEASE CONTACT OUR OFFICE AS SOON AS POSSIBLE TO CONFIRM YOUR APPOINTMENT. OTHERWISE, WE MAY ASSUME YOU WILL NOT MAKE THE APPOINTMENT AND ANOTHER PATIENT MAY BE SCHEDULED.

We would like to thank you for trusting our practice to serve your dental care needs and welcome any questions you may have concerning your care or our policies.

By signing below, I have read and understand the statements outlined above.

Signed

Date
