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Financial Policies & Procedures

THE PAYMENT IS DUE AT THE TIME THAT THE SERVICES ARE RENDERED.

PATIENTS WHO FILE INSURANCE WILL BE EXPECTED TO PAY ESTIMATED PORTIONS AT THE TIME SERVICES ARE RENDERED.

For your convenience, we accept Visa, MasterCard, AMEX, cash or personal check.

While we are largely a fee for service, cash based practice, many patients have questions about other possible arrangements such as dental benefits and cosmetic procedures and how they may pay for services if these categories apply to them:

Many “cosmetic” dental procedures are not covered under any dental benefit plans, however, do not let this dissuade you from seeking and obtaining the treatment you desire for yourself. We offer 2 additional payment options other than cash, check, or credit card when patients do not have dental benefits or services are not in any benefit category.

- 1) If payment is made in full three days prior to treatment, a 5% accounting reduction will be extended to the patient on the entire fee of the treatment or service
- 2) We are pleased to offer an outside billing service which may spread out payments and payment plans that can suit a wide variety of needs for individual circumstances.

DENTAL BENEFITS:

Having dental insurance is not a primary method of payment for dental services. Insurance benefits are a contract between you, your employer, and a specific insurance company. Our office has no financial relationship with your insurance carrier: therefore, you are responsible for your entire bill. ***Treatment is based on what your dental needs are and not on what your insurance company will or will not pay.*** Insurance companies are in the business of collecting monthly premiums and not having to pay benefits. They do not practice dentistry and therefore, do not have a vested interest in your health care needs.

As a courtesy, we will gladly assist you in obtaining your benefits to the best of our ability; however, **you must:**

1. Provide us with current and correct insurance carrier mailing address and toll-free number to file your claim.
2. **If you have not provided the proper paperwork for a claim, no claim can be filed on your behalf**
3. Assist in following up with your insurance carrier if there seems to be a problem with paying your claim. Please remember, ultimately you are responsible for your entire account.

Should you have a problem of any nature (account, treatment, appointments, etc.), please let us know that you are having difficulty. We will see that your issue is resolved promptly and courteously.

We thank you in advance for your cooperation.

Date _____ Signature _____