

# ***PUEBLO DENTAL CENTER***

1400 W. Valencia Road Ste. 100 Tucson, AZ 85746 520-746-1068  
1000 N. Silverbell Road Tucson, AZ 85745 520-624-7514

Welcome to Pueblo Dental Center! We are delighted to welcome you to our practice and are pleased that you chose us to serve your dental needs. We are serious about providing superior dental care and proud of our dedication to our patients. In order for us to maintain this wonderful atmosphere, we would greatly appreciate your courtesy. If you are ever unable to make an appointment you have scheduled with us, please cancel **24 hours in advance**. We would be glad to reschedule the appointment at a more convenient time, if necessary. A **\$25 charge to your account will be incurred if you do not cancel your appointment within 24 hours**.

Almost all parents have someone else take care of their child or children at one time or another. You know that your child could become ill or hurt under someone else's care. Except for a life or death emergency, a doctor or nurse may choose not to treat your child without your written consent. If a parent or legal guardian is unable to attend your child's dental appointment, **we require a notarized consent form to be filled out and kept in your child's records**. **This policy will apply to all children who are 17 years and younger**. Please ask our office staff for this form.

We are happy to accept most insurance plans and process your paperwork for you. There are many plans available. We cannot keep track of all plans and benefits. **The patient is responsible for understanding their covered benefits**. We are preferred providers for a number of PPO insurance plans, but there are many that we are **out-of-network providers** for. There is often a difference in fee schedules and the patient is ultimately responsible for the difference in fees.

**Your patient portion is required at the time services are rendered**. For restorative treatment such as fillings, **we ask for a minimum 20% of the total fee**. In most cases, major treatment such as crowns, partials, dentures, bridges, etc., require a prior authorization from your insurance carrier. We will send this on your behalf and will contact you as soon as we receive the authorization. At that time we will provide you with your responsible portion. We ask that your portion be paid at the time services are started. **Please be aware that some, and perhaps all, of the services may be non-covered services and not considered "reasonable and necessary" under your insurance plan**.

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. **You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates**.

We understand that every person's financial situation is different. Payment plans may be discussed with the office staff prior to treatment. For your convenience, we accept cash, personal checks, bank debit card and most major credit cards (Visa, MasterCard, Discover, American Express).

We at Pueblo Dental Center value your continued patronage. We realize that you have a choice in providers for dental care and would like to thank you for choosing us. If you have any questions or concerns, please feel free to ask any of our staff. Thank you for your cooperation in this manner.

I have read and understand the above office policy.

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Patient signature

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Date

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If Parent or Legal Guardian, please print name