

# ***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

## **Authorization for Signature on File Authorization of Payment**

Pueblo Dental Center is happy to accept most insurance plans and, as a courtesy will process your paperwork for you. We bill your insurance carrier for our Usual and Customary Rates (UCR) related to your care. Our Doctors are contracted providers for most major PPO insurance plans, and as such, we honor the discounted fees for those plans and try to accurately estimate your patient portion with the information provided to us. From time to time, without our knowledge, insurance carriers adjust their procedural fees resulting in an increase or decrease in your patient portion. Debit or credit PPO adjustments in billing will reflect these changes in fees which were set forth by your insurance company. At no time will the total charges exceed the contracted fees for the services provided.

If you would like us to process your claims and receive payments directly from your insurance company, an authorized signature is necessary to keep on file. Please fill in the form below. Only your estimated patient portion is expected at the time of service. Should **you** decide to process and receive reimbursement for your claims, payment in full will be expected.

I \_\_\_\_\_, hereby authorize  
Name of Patient and/or Insured

Pueblo Dental Management, Inc. to affix my name and/or my dependant's name to any and all claims of documents as related to any and all Dental benefits due me through my Dental Plan.

To the extent permitted under applicable law, I authorize release of any information relating to this claim.

I hereby authorize payment of Dental Benefits otherwise payable to me, directly to Pueblo Dental Management, Inc.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Parent or Legal Guardian (Please print)