

PUEBLO DENTAL CENTER

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 incur if you do not cancel your appointment within 24 hours prior to your scheduled appointment.**

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.

As a patient in this office, you will receive treatment only for the problems found during your examination. Your Doctor will carefully review his/her findings with you and explain to you the treatment options (if any) that are available to you, along with the estimated fees. You will be responsible for paying Pueblo Dental Center for all the treatment provided that you requested. Your patient portion is required at the time services are rendered

A commonly held misconception is that medical and dental benefit polices, provided by employers or purchased individually pays for the entire cost of all treatment received. **This is incorrect because not all treatment provided is covered by your insurance policy.** If the treatment is covered by your insurance policy, there is an allowable benefit payment for each procedure performed, which may be less than the fee charged by the doctor because your insurance plan pays only a percentage of the allowable benefit. You are responsible for what the insurance does not pay.

Please be aware that some, and perhaps all, of the services may be non-covered services and/or not considered "reasonable and necessary" under your particular insurance plan. Our practice is committed to providing the best treatment for our patients and you are responsible for payment regardless of any insurance company's arbitrary determination of what is "reasonable and necessary".

We will be happy to discuss financial arrangements with you for the payment of your bill, whether or not you have medical/dental insurance available to you. We will gladly work with you to arrange payment for services provided, and these arrangements will be set up on an individual –needs basis with the office staff prior to treatment. Insurance companies, upon the patient's request, will send benefit payments directly to the Doctor's office. If you wish, we will be glad to assist you in obtaining reimbursement for these benefits from your medical and/or dental insurer.

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 confidence in our office and our doctors. We look forward to providing you with competent care and courteous service.

I HAVE READ THE ABOVE FINANCIAL RESPONSIBILITY STATEMENT AND UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE TO DR JULIA DRABS/PUEBLO DENTAL CENTER FOR ALL CARE AND SERVICES PROVIDED TO ME.

Patient signature

Date

If Parent or Legal Guardian, please print name