NEW PATIENT CONTRACT

We are happy to have the pleasure of meeting your child´s dental needs at VITAL SMILES GEORGIA PC. Please read carefully and sign the following agreement of terms in order to be accepted into our practice.

* I understand that I must have a current VITAL SMILES GEORGIA PC form present each visit in order for my child to be seen.
* I understand that if I do not give a 24-hour notice to cancel or change an appointment, I may NOT be able to reschedule an appointment with VITAL SMILES GEORGIA PC.
*If I cannot be reached due to disconnected telephone or charge of address I am responsible for contacting VITAL SMILES GEORGIA PC within 24 hours to confirm my appointment, otherwise another child will be given my appointment time.
*I understand that I am responsible for notifying VITAL SMILES GEORGIA PC of any changes in my address or telephone number.
*I understand that a parent or guardian must accompany my child.
*I understand that my presence in the office is required while my child is being treated at VITAL SMILES GEORGIA PC.
*I understand that I am responsible for notifying VITAL SMILES GEORGIA PC of any other insurance coverage for my child.
* I understand that I am responsible for any charges not covered by my insurance due to frequency, any non-approved procedures or lack of coverage.

Examples:
a) A Panoramic (full-mouth) x-ray will not be covered if one was taken at another dental office in the previous three years.
b) Emergency exams during office hours are only covered twice per year. The parent or guardian will be responsible for payment of any other emergency exam for the remainder of the year.

Payment is expected in full prior to treatment at each visit for any procedure not covered by my insurance these items will be explained to you before they are done for your child.

By signing, I agree and fully understand the terms stated in this contract. If at any time I do not abide by these terms my child will not be rescheduled at VITAL SMILES GEORGIA PC.

Parent or Guardian:_____Date:_____