

## **BRAFMAN FAMILY DENTISTRY OFFICE POLICIES AND PROCEDURES**

1. Any appointments cancelled without 24 hours notice or a broken/missed appointment may result in a fee charged between \$35 to \$100 depending on the length of the scheduled appointment. If multiple appointments are missed in the office a patient may be placed on a "Same Day Only" appointment status. This decision will be made at the discretion of the doctors. Any fee must be paid prior to rescheduling the patient or any other family members on the account. Your insurance company will not cover this expense.
2. If you do not arrive within 15 minutes of your scheduled appointment time, you may be rescheduled for another day.
3. Payment is expected at the time of service. We will file your insurance claim; however, your estimated portion will be collected at the time of service. The patient is responsible for any service not covered by your insurance company.
4. There is a \$25.00 returned check fee.
5. Any account sent to collections will be charged an additional fee up to 50% of the outstanding balance and any processing or court fees.
6. A parent or legal guardian must accompany all children for the initial visit. We require a signed consent and medical history before any treatment will be performed.
7. In the event of a weekend emergency please call the doctor's pager number at 302-441-3852. This is a service for "True Dental Emergencies", and only for patients that have been currently seen in our office. There may be a charge applied for this service.
8. Our doctors require radiographs annually as part of your dental examination.
9. There is a \$20.00 duplication fee for the transfer of dental records and radiographs per patient. A completed signed release by the patient or guardian is required prior to the release of the records. The office will contact you once the records have been prepared.

I have read and understand all of the Office Policies and Procedures of Brafman Family Dentistry, P.A. My signature indicates that I agree to abide by these policies, pay for services rendered and have had an opportunity to ask questions for clarification.

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Signature

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Date

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Witness