

**BRIGHT SMILES**  
**COSMETIC & IMPLANT DENTISTRY**  
**1444 Kempsville Rd. suite101**  
**Virginia Beach, VA 23464**

**Written Financial Policy**

Thank you for choosing Bright Smiles Cosmetic and Implant Dentistry. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options. **Payment is due at time of service.**

All patients are financially responsible to Drs. Sadr and Kooshki for all charges incurred by themselves and/or their dependents. In the event this account is turned over for collections the undersigned agrees to pay collection fees equal to 35% of the unpaid principal, plus interest on accounts, beginning 30 days after the money have become due, at the rate of 24% per annum.

**Our office accepts:** - Cash, Visa, MasterCard®, American Express® or Discover Card® We offer a 5% courtesy accounting adjustment to patients with NO insurance/savings plan or who pay for their treatment in full prior to completion of care.

- Special financing options with convenient monthly payments available with the CareCredit healthcare credit card

- Allow you to pay over time
- No annual fee Please note:

If you choose to discontinue care before treatment is complete, your refund will be determined upon review of your case. We also offer in-house financing for **Invisalign treatments only**, a 50% deposit is required to secure your initial treatment appointment.

For patients with dental insurance we are happy to work with your carrier to maximize your benefit and directly bill them for reimbursement for your treatment, as a courtesy A fee of \$30.00 per half hour is charged for patients who miss or cancel an appointment without 24 hour notice. We DO NOT accept cancellations on voicemail or text message. Bright Smiles Cosmetic and Implant Dentistry charges \$25.00 for returned checks. If you have any questions, please do not hesitate to ask.

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Patient/Guardian Name

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Date

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Signature