

Dr. Carole Sherrod Jewell

97 MAPLE AVE | RED BANK NJ, 07701 | (732) 741-4700

Financial Policy

Thank you for choosing the office of Dr. Carole Sherrod Jewell. Our primary mission is to deliver the best and most comprehensive dental care available at competitive prices. An important part of the mission is making the cost of your care as easy and manageable as possible by offering several payment options.

Payment Options:

You can choose from:

- We offer a 6% courtesy accounting adjustment to patients who pay for their treatment with Cash or Check prior to the start of treatment.
- For your convenience our office accepts Cash, Visa®, MasterCard®, American Express® or Discover Card®
- Easy Monthly Payment Options¹ from CareCredit Healthcare Credit Card or Prosper Healthcare Lending
 - o Allow you to pay over time
 - o No annual fees or pre-payment penalties
- Our In House Affordable Dental Plan -- NO dental insurance? No problem! We're here to help with a great alternative to regular insurance plans. Our In House Affordable Dental Plan is designed for individuals as well as entire families. Your initial membership entitles you to your preventative care for the year as well as your x-rays, exams, fluoride treatment. Please call the office for more details.

Please note:

Dr. Carole Sherrod Jewell requires payment at the beginning of your treatment. If you choose to discontinue care before treatment is complete, you will receive a refund less the cost of care received.

We accept payment in thirds for treatments over \$1000.00 as long as payment is completed at the end of treatment.

We charge 18% interest on all past due accounts over 60 days.

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.²

A fee of is charged for patients who miss or cancel more than two times in a calendar year without 24-hour notice.

Dr. Carole Sherrod Jewell charges \$30.00 for returned checks.

If you have any questions, please do not hesitate to ask. We are here to help you get the dentistry you want or need.

Patient, Parent or Guardian Signature

Date

Patient Name (Please Print)

¹Subject to credit approval

²However, if we do not receive payment from your insurance carrier within 90 days, you will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier.