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FINANCIAL POLICY

It is always our aim to provide our patients with the best medical care possible. We believe that it is important for you to know what your financial responsibilities are and how we expect you to meet them. Should you be experiencing financial hardship, please let us know and we will try to work with you as best as we can.

1. Almost all health insurance requires that you pay a certain amount (called a co-pay) of your office visit. This amount is specified in your insurance plan which we access online. We will inform you what your co-pay is. The co-pay is due at the time of your office visit.
2. Your health insurance also requires you to meet a certain deductible amount for each calendar year. This deductible varies according to your insurance plan. We always contact your insurance plan on the phone or online and determine what your deductible amount is and how much of it you have already paid. Should we need to collect the deductible from you, we will let you know how much is due.
3. All deductibles are due before a procedure can be performed. You will be asked to pay your deductible at the time your procedure is scheduled. Should you be unable to do so, you have up to two days before the scheduled procedure to come to the office and pay your deductible or the procedure will need to be rescheduled.
4. When we file the insurance claim for your office visit or procedure, your insurance company will send you an explanation of benefits (EOB). Your EOB will specify what the insurance paid us and what you are responsible for. Should you have any questions about your charges, please do not hesitate to contact us. We will be happy to explain your EOB and address any issues you may have.
5. If you have any concerns/questions about your financial policy or any concerns about meeting your financial responsibility, we will be happy to talk with you about it and help you as best as we can.
6. We accept all major credit cards so this is always an option in meeting your copays and deductible payments.
7. Every effort will be made to treat you in the best possible way, both professionally and financially. We do expect you to understand that you have a certain responsibility as well. A medical responsibility to follow up with the doctor's instructions and recommendations, and a financial responsibility to meet your copays and deductibles.

I understand and agree to this financial policy.

Patient Name

Patient/Guardian Signature

Date