

Lynch Development PC
DBA: Crawford County Eye Care
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PAYMENT POLICY

Because some of our patients have had questions regarding patient and insurance responsibility for services rendered, we thought it best to provide this payment policy. Please read it. Ask us any questions you may have.

1. **Insurance.** We participate in most insurance plans including Medicare (for medical diagnosis of the eye) and Medicaid. If you are not insured by a plan with which we are contracted, payment in full is expected at each visit. We will provide you with a visit receipt you can file with your insurance for reimbursement direct to you subject to your contract with your insurance plan. If you are insured by a plan we are contracted with but do not have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.
2. **Co-payments and deductibles.** All co-payments must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on your part to pay your co-payments or deductibles can be considered fraud. Please help us in upholding the law by paying your co-payment at each visit.
3. **Non-covered services.** Please be aware that some – or perhaps all - of the services you receive may not be covered or not considered reasonable or necessary by Medicare or other insurers. You must pay for these services in full at the time of visit. **Motor Vehicle Accidents (MVA's)** – All charges relating to MVA's must be paid at the time of your visit.
4. **Claims submission.** We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company: we are NOT party to that contract.
5. **Coverage changes.** If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits. If your insurance company does not pay your claim within 45 days, the balance will automatically be billed to you.
6. **Non-payment.** If your account is over 90 days past due, you will receive a letter stating that you have 20 days to pay your account in full. Partial payments will not be accepted unless planned in advance with Lynch Development, PC representative. Please be aware that if a balance remains unpaid, we will refer your account to a collection agency.

Our practice is committed to providing the best treatment to our patients. Our prices are representative of the usual and customary charges for our area. Thank you for your understanding and cooperation!

Thank you for choosing Dr. William Lynch, Jr, primary care optometrist, for your primary eye healthcare.