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## New Patient Form

Many of our patients have a **Vision Plan** and **Medical Insurance**. Vision and medical differ in what they cover and pay.

**Vision Plans** are used with routine exams to determine a prescription for glasses or contacts. They are not equipped to deal with complex medical conditions and diseases. *The fee for a routine exam is usually lower.*

**Medical Insurance** is used for the exam when a medical condition or diagnosis is present, such as diabetes or eye diseases. Any copays you have for medical specialists will then apply. Some components of medical exams may not be covered by your insurance; therefore, you would be responsible for those fees. After the insurance company processes your claim, **you may receive a statement in the mail** for non-covered charges or balances that applied to deductible. **If you do not have medical insurance but require a medical exam, please realize you will pay a different fee than the routine exam.**

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Printed Name of Patient

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Responsible Party Signature

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Relationship to Patient

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Date

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By signing below, you state that you assign all insurance benefits to us. You understand that you are **responsible for any charges not covered by insurance**, and you agree to pay for any **collection fees**, reasonable attorney fees, and court costs if you fail to pay your bill in a timely manner. Since eye exams are a professional service, **no refunds** are available.

If you desire a contact lens prescription, you will need a **contact lens evaluation**. Fees will be collected the same day of service. You have **three months** from the comprehensive exam date to get a contact lens evaluation or request changes to your contact lenses. After three months, you will need a new comprehensive exam (charges apply).

All fees, insurance copays and custom orders not covered by insurance are due at the completion of your exam. We are legally bound to **follow the rules of your insurance plan**. If you don't agree with charges, you may contact your insurance carrier.

I understand I may have a copy of this office's **Privacy Policy** as per the **Health Insurance Portability and Accountability Act (HIPAA)**. I have a right to my records by written consent. This office may take up to 30 days to provide written records. Electronic records are available 24 hours a day by online portal.

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Responsible Party Signature