

EYE CONSULTANTS, INCORPORATED

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RICHARD L KIES, M.D.—T K KRUMMENACHER, M.D.—BYRON A SANTOS, M.D.

PATIENT INFORMATION

PLEASE PRINT CLEARLY

DATE _____ PATIENT'S FULL NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE # _____ CELL PHONE # _____

DATE OF BIRTH _____ AGE _____

SEX: M _____ F _____ PATIENT'S SOCIAL SECURITY # _____

SINGLE MARRIED WIDOWED SEPARATED DIVORCED

PATIENT EMPLOYED: FULL TIME PART TIME RETIRED STUDENT

Name of Patient's Employer _____

Business Address _____

Occupation _____ Business Phone # (____) _____

SPOUSE'S (OR RESPONSIBLE PARTY) NAME _____

Name of Spouse (or Responsible Party's) Employer _____

Business Address _____

Occupation _____ Business Phone # (____) _____

Social Security # _____ Date of Birth _____

PRIMARY INSURANCE CARRIER _____

Policyholder's Name _____ Policy or ID # _____

Group _____

SECONDARY INSURANCE CARRIER _____

Policy or ID # _____

IF WORKMEN'S COMPENSATION CLAIM:

Person Responsible for Payment: _____

Address _____ Phone # _____

Contact Person for verification _____

Workmen's Compensation Carrier: _____

Employer's Name and Address if Different From Above: _____

Phone #: _____

IF LEGAL CASE:

Name of Attorney: _____ Phone # _____

Address _____

IF AUTO ACCIDENT:

Person or Agent Responsible for Payment _____

Address _____

Phone # _____ Date of Accident _____

Name of Insured _____ Claim # _____

NEAREST RELATIVE NOT AT SAME ADDRESS _____

Relationship _____ Phone # (_____) _____

PHARMACY INFORMATION:

Preferred Pharmacy: _____ Location: _____

All professional services rendered are the ultimate responsibility of the patient. If your insurance company will be helping take care of all or a portion of your bill, your signature will be needed to expedite your claim.

It is necessary that we make a copy of your insurance card. Please be sure that you give us your current insurance card.

GOVERNMENT REQUIRED INFORMATION

(Please check the appropriate boxes)

RACE:

American Native/Alaska Native Asian Black Hispanic or Latino

Native Hawaiian or Other Pacific Islander White Decline to answer

ETHNICITY:

Hispanic or Latino Not Hispanic or Latino Decline to answer

PREFERRED LANGUAGE:

English Spanish Other _____ Decline to answer