

KNOXVILLE EYE SURGERY CENTER
160 CAPITAL DRIVE
KNOXVILLE, TN 37922

Patient ID: -
Alt. ID 1:
Gender: _____ DOB: _____
Physician: _____

PATIENT INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____
Gender: **F** **M** Date of Birth: _____ SS#: _____
Billing Address: _____ Apt. #: _____
City: _____ State: _____ Zip: _____ County: _____
Preferred Phone# Main: _____ Work: _____ Cell: _____

May we contact you by cell phone?

Email: _____ Marital Status: Please Circle: **S** **M** **W** **D**

Employment Status (Circle): Retired / Disabled / Unemployed / Employed

Employer Name: _____

Primary Insurance: _____ Secondary Insurance: _____

Who is the Responsible Party or Insurance Subscriber? Patient Spouse Parent Other

If the Patient is **NOT** the Responsible Party or Insurance Subscriber, Please Complete the Following:

Last Name: _____ First Name: _____
Date of Birth: _____ SSN#: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone#: _____ Employment Status (Circle): Retired / Disabled / Unemployed / Employed
Employer Name: _____

****Race and Ethnicity are required by the state of Tennessee****

Race (Circle): - White / Black or African American / Asian / Native American / Other

Ethnicity (Circle): - Not Hispanic / Hispanic / Hispanic Origin unknown

Emergency Contact (Not Living With You) Name: _____

Relationship to Patient: _____ Phone: _____

* If you have Medicare Coverage, Please answer the following questions:

Which of the following qualifies you for Medicare: Age Disability End-Stage Renal Disease
Do you have another insurance through your employer? Yes No Or a spouse's employer? Yes No
Are you receiving black lung benefits? Yes No
Is this treatment related to an accident? Yes No If yes, what type of accident: Auto Work Other
Is treatment covered under the VA? Yes No
Is treatment due to the fault of another? Yes No

Form completed by: _____
Signature/Relationship to Patient Date

Patient's transportation home: _____
Name/Phone# (If this is a transportation service PLEASE notify the receptionist)