ASSOCIATED OPHTHALMOLOGISTS OF KANSAS CITY, PC

PATIENT INFORMATION

DEMOGRAPHICS

NAME LAST FIRST MI			BIRTHDATE	AGE	SEX
STREET ADDRESS			SOCIAL SECURITY #		
CITY	STATE	ZIP CODE	SPECIAL NEEDS (CHOOSE ONE) ☐ Wheelchair ☐ Walker ☐ Hearing Impaired		
PRIMARY PHONE ( ) ☐ CELL ☐ HOME ☐ WORK	ALTERNATE PHONE ( ) ☐ CELL ☐ HOME ☐ WORK	EMAIL ADDRESS	☐ Asian ☐ White ☐ American Indian/Alaskan ☐ African American ☐ Hawaiian Pacific Islander		HISPANIC/ LATINO ☐ Yes ☐ No
EMPLOYER/NAME ADDRESS	POSITION/DEPARTMENT		MARITAL STATUS (CHOOSE ONE) ☐ Married ☐ Divorced ☐ Single ☐ Widowed		
SPOUSE			SPOUSE PHONE		
EMERGENCY CONTACT			EMERGENCY PHONE		

BILLING

GUARANTOR (FINANCIALLY RESPONSIBLE PERSON)			RELATIONSHIP TO PATIENT (CHOOSE ONE) ☐ Self ☐ Spouse ☐ Parent ☐ Other	
STREET ADDRESS			PHONE ( )	
CITY			STATE	ZIP CODE
PRIMARY INSURANCE	POLICY HOLDER	POLICY ID#	GROUP #	INSURED'S DOB
SECONDARY INSURANCE	POLICY HOLDER	POLICY ID#	GROUP #	INSURED'S DOB
ARE YOU UNDER THE CARE OF A SKILLED NURSING FACILITY? YES NO		IF YES, PLEASE LIST NAME, ADDRESS AND PHONE NUMBER.		