



Southeast Retina Center, P.C. Augusta Retina-Laser Surgicare



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SOUTHEAST RETINA CENTER PC - AUGUSTA

(706) 650-0061

Patient Information as of _____ (enter today's date)
(Please Print Legibly & Fill In or Correct All Fields)

Patient's Name

_____ Last _____ First _____ Middle _____

Address _____
 _____ Street & Apt # _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Other Phone _____

Any restrictions for contacting you? No Yes E-mail _____

Contact _____ Drivers License # _____
 Restrictions: _____ (include State) _____

Age _____ Birthdate ____ / ____ / ____ SS# _____ - - Sex Female Male

Marital Status Single Married to: _____ Other: _____

Patient's Employer

Occupation _____

Work Phone _____ Ext: _____ Is it okay to call you at work? Yes No

Address _____

_____ Street & Suite # _____ City _____ State _____ Zip _____

Hipaa Contact name

Relationship to Patient _____

Home Phone _____ Work Phone _____ Other Phone _____

Address _____

_____ Street & Apt # _____ City _____ State _____ Zip _____

Emergency Contact

(Not in your household)

Relationship to Patient _____

Home Phone _____ Work Phone _____ Other Phone _____

Address _____

_____ Street & Apt # _____ City _____ State _____ Zip _____

PCP Name

Phone _____

Pharmacy Name

Phone _____

Address _____

_____ Street & Apt # _____ City _____ State _____ Zip _____

Primary Health Insurance Company _____

Policy # _____ Group # _____ Ins. Phone _____

Referral Required? No Yes Copay? No Yes, \$ _____

Insured: Name _____ DOB _____ Employer _____

Secondary Health Insurance Company _____

Policy # _____ Group # _____ Ins. Phone _____

Referral Required? No Yes Copay? No Yes, \$ _____

Insured: Name _____ DOB _____ Employer _____

I understand that office visit charges are payable on the day service is rendered. I authorize Southeast Retina Center to bill my insurance company. Regardless of insurance coverage, I am responsible for all bills being paid in a timely manner. I understand that my contract is between Southeast Retina Center and myself.

Signature _____ **Date** _____

