

# Welcome to Tumwater Eye Center Inc. and VUE: Vision Uniquely Experienced Demographic Form

Thank you for choosing us to provide you with the best comprehensive eye care.  
Please complete the following information.

Mr.  Mrs.  Ms.  Miss  Dr.  Male  Female

\_\_\_\_\_  
First, MI, Last Name Nick Name Date of Birth

\_\_\_\_\_  
Street Address/PO Box City State/Zip

\_\_\_\_\_  
Home Phone Cell/Day Phone Email Address

\_\_\_\_\_  
Preferred Method of Contact Social Security Number

\_\_\_\_\_  
Employer Occupation

\_\_\_\_\_  
How Did You Hear About Our Office?

Marital Status:  Single  Married  Divorced  Widowed  Separated

Preferred Language:  English  Spanish  Chinese  Russian  Other

Race:  White  Black  Asian  Islander  Other

Ethnicity:  Non Hispanic  Hispanic  Unknown

## **Insurance Information:**

\_\_\_\_\_  
Primary Medical/Vision Insurance ID Number

\_\_\_\_\_  
Subscriber Name Date of Birth Relation to Patient

\_\_\_\_\_  
Secondary Medical/Vision Insurance ID Number

\_\_\_\_\_  
Subscriber Name Date of Birth Relation to Patient

**Account Responsibility: If the financially responsible party is different from what is listed above, please complete the following:**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_