

# COUNSELING CENTER OF NORTH TEXAS

303 S. Highway 78 Suite 100 Wylie, TX 75098

720 E. Park Blvd. Suite 204 Plano, TX 75094

Phone: 469-342-3468 Fax: 469-342-3466

## Change of Information

Please check the box next to any portion needing updates and provide the new information.

Client Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

### Address/Phone/E-mail Change:

Changes below are for:	<input type="checkbox"/> Child <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Insured <input type="checkbox"/> Other: _____		
Cell Phone:	_____	Alternate Phone:	_____
Email Address:	_____		
Address:	_____		

May we leave a message?  Yes  No      Text?  Yes  No      Email?  Yes  No

### Emergency Contact/Person Responsible for Payment/Custody Change:

Emergency Notification \_\_\_\_\_  
Name Relationship Phone

Person Responsible for Payment \_\_\_\_\_  
Name Relationship

Phone Number: \_\_\_\_\_ Address (if different): \_\_\_\_\_

Change in custody and/or parents' marital status (minor clients only): \_\_\_\_\_

### Insurance Plan/Subscriber Changes:

Primary  Secondary

Insurance Company: _____	Insurance Phone: _____	
Policy #/ID #: _____	Group #: _____	Coverage Start Date: _____
Deductible: \$ _____	Amount Met: \$ _____	Co-pay/Co-Insurance: \$ _____ / _____ %
EAP #: _____	# of approved sessions: _____	Date Span of Approval: _____ to _____
Insured's Name: _____	Relationship to Insured: _____ Insured's DOB: _____	
Insured's Address (if different): _____		
Insured's Phone Number: _____	Employer: _____	

I hereby give the office Counseling Center of North Texas and their staff permission to file any claims and exchange any PHI (protected health information) necessary to receive payment for services performed. I understand that balances unpaid after 60 days will be my responsibility.

My signature indicates that the above changes are accurate to the best of my knowledge and will go into effect for all services rendered at CCNT on the date below. If changes have been made to my child's custody arrangement, I agree to provide a copy of the most current and complete court paperwork.

\_\_\_\_\_  
Client/Legal Representative Signature

\_\_\_\_\_  
Date