

COUNSELING CENTER OF NORTH TEXAS

303 S. Highway 78 Suite 100 Wylie, TX 75098

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
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Person Responsible for Payment _____

Name	Relationship
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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