



FAMILY SERVICE AND GUIDANCE CENTER OF TOPEKA, INC.
Client Information Update for Change of Insurance

CLIENT NAME: _____ **CLIENT ID #:** _____

Effective Date of Change: _____ **Relationship to the Client:** _____

INSURANCE UPDATE

List all **current** insurance policies in the order of payment; give copies of the cards to the receptionist so they can take copies of the cards for the chart.

Primary: _____

Secondary: _____

Tertiary: _____

The following information applies to the policy holder and **MUST BE** completed before the insurance can be set up and billed. Please complete all fields as failing to do so may result in delayed billing.

Insurance Company Name: _____

Policy Holder's Name: _____

Relationship to Client: _____ Date of Birth: _____

Employer: _____

Policy Number: _____ Group Id: _____

Insurance Company Name: _____

Policy Holder's Name: _____

Relationship to Client: _____ Date of Birth: _____

Employer: _____

Policy Number: _____ Group Id: _____

Insurance Company Name: _____

Policy Holder's Name: _____

Relationship to Client: _____ Date of Birth: _____

Employer: _____

Policy Number: _____ Group Id: _____

PLEASE SIGN AND DATE THE FORM

Completed By Client / Legal Guardian: _____ **Date:** _____

Received By: _____ **Date:** _____

Entered By: _____ **Date:** _____