

CARS Client Change/Update Form

INSTRUCTIONS: Complete this form if there are changes in the following: client's address, phone number, name, insurance, etc. Once completed, fax to Milwaukee County Behavior Health Fiscal Department at 414-454-4034.

ATTENTION: BHD Fiscal Department

AGENCY: _____

CLIENT'S NAME: _____

CLIENT'S MRN: _____

NOTE THE FOLLOWING CHANGES:

NAME: _____
Note: Please attach court documents and/or State ID/DL.

ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

MARITAL STATUS: _____

PHONE #: _____

DATE OF BIRTH: _____

INSURANCE: _____