



Kwan-Yin Healing Arts Center, Inc.

2330 NW Flanders St, Suite #101, Portland, OR 97210 / phone: (503) 701-8766

3115 NE Sandy Blvd, Suite #231, Portland, OR 97232 / phone: (503) 701-8766

Established Patient Update Form (please check all that apply)

Please turn in this form to a front desk staff member upon completion

Change of: (check all that apply)

Email Phone # Address Name Insurance

If you have had a recent name, address, name, email or phone # change please fill out the below

Previous Legal Name: (Last) _____ (First) _____ (MI) _____

DOB _____ Prev Email _____ Prev # _____

Previous Address: _____

City: _____ State: _____ Zip: _____

Current Legal Name: (Last) _____ (First) _____ (MI) _____

New Email _____ New # _____

Current Address: _____

City: _____ State: _____ Zip: _____

If you have had a recent change of insurance, please fill out the below information and give your new insurance card to a front desk staff member so that they can take a copy.

Current Legal Name: (Last) _____ (First) _____ (Middle) _____

Current Address: _____

City: _____ State: _____ Zip: _____ DOB _____

Insurance Company: _____ Effective date of new ins: _____

Policy ID #: _____ Policy Group #: _____

Policy Holder's Name: (Please write "self" if you are not a dependent on someone else's plan) _____

Policy Holder's DOB: _____ Policy Holder's Employer: _____

Signature of patient (if in office) _____

Date _____

FOR OFFICE USE ONLY (demo data: name, address, email, phone)

Update both E & W Schedulicity All Demo data if in both W/E Update Practice Fusion All Demo data Created an IVF Only for Change Ins/TOS Place in records scan bin

Add to Trello 2nd column Tag purple for OA update demo data Update Quickbooks Only Name & Address

DATE: _____ **INITIALS** _____