

CLIENT INFORMATION UPDATE FORM

CLIENT/DOCTOR NAME: _____ DATE: _____

TO: Patient Builders
FAX: 623-201-2142

PLEASE BLOCK-OFF:

PLEASE OPEN UP:

DAY(S)	DATE(S)	TIME(S)	DAY(S)	DATE(S)	TIME(S)

MONTHLY SHOW TARGET Old Target: _____ New Target: _____

COMMENTS: _____

ELECTRONIC FUNDS TRANSFER CHANGE

(CHECK BOX IF YOU WISH TO CHANGE YOUR EFT ACCOUNT INFORMATION AND WE WILL SEND OVER A NEW FORM AS SOON AS POSSIBLE.)

VERY IMPORTANT - PLEASE READ CAREFULLY

We are on the phone setting appointments for you from 8 a.m. to 9 p.m. During that time, we work diligently to fill ANY or ALL available time slots. We can ONLY accept schedule changes for time slots that have not yet been filled with a Patient Builders appointment.

It is vital that you always provide us with **ONE WEEKS NOTICE** for new patient or reactivation marketing on all schedule changes. We will ALWAYS DO OUR BEST to block off any times due to impromptu schedule changes, as long as the time requested for blocking is not already filled.

Information regarding scheduling, show targets and electronic funds transfers will remain constant unless we receive this form signed and dated from your office, alerting us of any changes. **VERBAL CHANGES WILL NOT BE ACCEPTED.**

Changes regarding your account information will be performed at the earliest convenience of Patient Builders staff. Changes will not be set in motion until we have faxed back a signed copy of this form. If you do not receive a signed copy of this form within two business days please contact us at 480-756-9377.

PREPARED & SENT BY CLIENT (please sign): _____

RECEIVED & APPROVED BY PATIENT BUILDERS: _____