

HAGEN CONSULTANTS CLIENT SET-UP SHEET

DATE: _____

FROM: _____ (Bank/Trust Name & Location)

_____ New Account/Estate Your Client's Account Number _____

_____ Date of Death

_____ Close Account as of (date) _____

Clients Full Name _____

Date of Birth _____

Address where they live _____

(Mark One Please) In own Home Nursing Home Assisted Living

Medicare Number _____ Social Security Number _____

Medicare Part D Policy # & Address _____

Secondary Insurance Name _____

Insurance Address _____

Insurance Phone# & Policy Number _____

Long Term Care/Other Insurance _____ Policy # _____

Address _____ Insurance Ph# _____

Pharmacy Name _____

Address & Phone # _____

Account Administrator _____ Email _____

Administrator or Contact Phone _____

Hagen Bill to: _____

(Name & Address)

Account Activities to: _____

(Name & Address)

Provider Bills to: Trust OR Bill Pay Center (Mark One)

RETURN TO: HAGEN CONSULTANTS, PO BOX 710, DEFOREST, WI 53532