



Change of Guarantor for 18 Year Old

Since you are now 18 or older, you are legally responsible for your own account. This means that all statements will be in your name, and that you will be responsible for your bill. You may choose to remain under your parent/guardian's account with their consent and by them signing the authorization under Part 2 below.

PART 1 - to be completed by the patient:

Name _____ Date of Birth ____ / ____ / ____ Social Security No. ____ - ____ - ____

Address _____ City _____ State _____ Zip Code _____

Home Ph. _____ Cell Ph. _____ Work Ph. _____

Email _____ Preferred Statement Delivery ☐ Email ☐ Mail

Patient Signature _____ Date _____

☐ Check if you want to be listed as your own guarantor, after filing out the above, please return this form.

(If this box is unchecked, we need a signature in Part 2.)

PART 2 - to be completed by the Current Guarantor - please choose one option:

_____ **OPTION 1** - I wish to remain financially responsible for the above-named patient's bills.

Name of Current Guarantor (Responsible Party) _____ Phone _____

☐ Same address as patient. If different please fill out below.

Address _____ City _____ State _____ Zip Code _____

Signature of Current Guarantor (Responsible Party) _____ Date _____

_____ **OPTION 2** - I wish to revoke my financial responsibility for the above-named patient's bills as of the date listed below.

Name of Current Guarantor (Responsible Party) _____

Signature of Current Guarantor (Responsible Party) _____ Date _____

If we do not receive the signed form within 30 days, the account will automatically be put in the patient's name as the guarantor. This form can be dropped off at any South Lake Pediatrics location, emailed, faxed or

mailed to: South Lake Pediatrics-Patient Account Services
17705 Hutchins Drive Suite 250
Minnetonka, MN 55345

Fax: 952-401-8243 or Email: billing@slpeds.com