

## **South Lake Pediatrics**

### **Change of Guarantor Form**

I give my permission to be listed as the guarantor (the person who gets the bill) for the children listed below, for services rendered by South Lake Pediatrics. A guarantor is not necessarily the insurance policy holder.

Please print clearly.

Reason for request to change.

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Child's Name

Date of Birth

Child's Address

_____ _____ _____ _____ _____	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____
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My Name

Date of Birth

Social Security #

_____ _____ _____	_____ _____ _____	_____ _____ _____
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My Address

City, State

Zip Code

My Home Telephone # _____ _____	My Work Telephone # _____ _____	My Cell Telephone # _____ _____
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My email address \_\_\_\_\_

Employer Name

Employer Address _____ _____	Employer Phone # _____ _____
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My Signature

Date

This form must be completed by the new guarantor only.