

# 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

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

My Name

Date of Birth

Social Security #

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My Address

City, State

Zip Code

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My Home Telephone #

My Work Telephone #

My Cell Telephone #

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My email address \_\_\_\_\_

Employer Name

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Employer Address

Employer Phone #

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My Signature

Date

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This form must be completed by the **new** guarantor only.