

## GUARANTOR CONSENT FORM

I, the undersigned, agree to be the responsible party (Guarantor) and promise to pay for any services rendered by any provider at Smith & Meadows, P.C. for the patient(s) listed below:

Patient \_\_\_\_\_ Date of Birth \_\_\_\_\_

Patient \_\_\_\_\_ Date of Birth \_\_\_\_\_

Patient \_\_\_\_\_ Date of Birth \_\_\_\_\_

I understand by signing this form that all responsibility for payment for dental services provided in this office for myself or the patient(s) listed is due and payable at the time services are rendered. In the event payments are not received by the agreed upon dates, I understand that finance charges may be added to my account. If I default on payment of my account I realize I may be charged a reasonable collection fee.

I understand responsibility is mine to advise your office of any changes in the information contained on this form.

### Responsible Party (Guarantor) Information:

Parent or Responsible Party \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Patient(s) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Email Address \_\_\_\_\_ Cell \_\_\_\_\_

In the event I no longer wish to be responsible for the accounts listed above, I understand I must notify the dental office of Smith & Meadows in writing and all account balances must be paid in full before I am released as the Guarantor.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent, Responsible Party (Guarantor), Legal Guardian