

Guarantor and Responsible Party Registration Sheet

Please complete all sections below. This information is required for billing and financial responsibility.

Patient Information

Patient Full Name: Patient Date of Birth:
Account / Chart Number: Patient Phone Number:

Guarantor / Responsible Party Information

The guarantor is the person financially responsible for the patient's bill.

Guarantor Full Name: Relationship to Patient:
Guarantor Date of Birth: Social Security Number (SSN):
Street Address:
City: State:
Zip Code: Home Phone:
Cell Phone: Email Address:

Guarantor Employment Details

Employer Name: Job Title:
Work Phone: Employer Street Address:

Acknowledgment and Authorization

I hereby certify that the information provided above is true and accurate to the best of my knowledge. I understand and agree that I am the financially responsible party for all medical and billing charges incurred by the patient listed on this registration sheet.

Responsible Party Signature: Date: