

**Aurora Womancare PC
Minor Financial Responsibility Sheet**

Name of minor (patient): _____

Date being seen: _____

Below please fill out the name, address etc. Of the person who is financially responsible for this minor's account. This person MUST sign this sheet, if someone other than the responsibility party brings the minor in for her appointment, we need written documentation from the responsible party that they are aware of this visit and assume responsibility for all charges that the insurance will not cover.

Name: _____

Address: _____

Relation to minor: _____

Home phone: _____

Work/Cell phone: _____

Please give the front desk a copy of your driver's license or some form of picture ID.

Signature: _____

Date: _____

Front desk signature: _____