

Los Robles Pediatric Medical Group

Incorporated

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Congratulations on successfully raising your child to adulthood!

Now that your son or daughter has reached the age of 18, we are still looking forward to caring for the health of your young adult. A new challenge presents itself, however – as an adult, at or above the age of 18, your child becomes legally responsible for his/her financial balances. We ask that you sign this statement taking responsibility for any charges your child may incur at our office. If you do not feel comfortable doing this, your child will be asked to pay in full any fees prior to services being rendered.

We hope you understand our situation; we also do not want to be put in a position to begin your child's credit life with a problem!

Sincerely,

LRPMG, Inc.

I, _____ (parent or guardian's name), agree
to be responsible financially for all charges incurred by my child,
_____ (child's name) at LRPMG, Inc.

(parent or guardian's signature)

(date)