

To Our Patients 18 Years+ and Parents:

Once our patients turn 18 years of age and are legally responsible for their own account, our philosophy is for parents to share in their liability. Therefore, your signature below, along with your child's signature, indicates that you understand and agree with the financial terms and conditions set forth by North Scottsdale Pediatric Associates. We will make contact with our patient when the need arises as opposed to contacting parents, even if the patient is covered under the parents' policy. Billing statements will also be sent to the patient.

We would like to clarify our financial policy with respect to our young adult patients. As they are assuming the financial responsibility, if the account becomes over 120 days delinquent, it will be sent to our outside collections agency, and your credit rating or your child's may be compromised. Thereafter, if the account is not paid within 60 days, the patient will be discharged from our practice.

Please feel free to contact our billing department staff if you have any questions. Thank you for your cooperation.

Sincerely,

NORTH SCOTTSDALE PEDIATRIC ASSOCIATES

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Signature of Patient

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Signature of Parent

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PRINT NAME OF PATIENT

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PATIENT'S DATE OF BIRTH