AToN Center
Admission Deposit Agreement

AToN Center requires that all prospective residents pay a deposit prior to admission. This amount will be refunded upon discharge less any charges incurred which might include unpaid daily rates, personal expenses, co-insurance, insurance co-pays, deductibles due, physician fees, and costs due to any destruction of property.

In no way do the terms of this Deposit Agreement replace or substitute the terms of the Insurance Agreement or the Self-Pay Agreement that are also required for admission.

Acceptable methods of payment include major credit cards, cashier's checks, and cash.

The undersigned certifies that he/she has read and understood the foregoing, received a copy thereof, is the resident, or is duly authorized to execute by the patient as a patient's general agent to execute the above provision and accept its term. By signing this agreement, the signer(s) acknowledges receipt of a copy.

Resident Signature:______________________________________ Date________________

Financially Responsible Party:___________________________ Date________________
(if different from the resident)

AToN Center Witness:______________________________ Date________________

Payment Method

____ Cash   _____ Check _____ Visa   _____ MC _____ Amex _____ Discover

Name on Card:_______________________________________________

Credit Card Number:___________________________________ Exp:____________ CVV:_____

Billing Address:__________________________________________ Billing Zip Code:____________

Office Use Only

Payment Received as Confirmed by:______________________________

Date:_________________ Time:______________________________