

Upon completion please fax a copy to 858-400-1234

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 it's 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: _____