

**AToN Center Insurance Agreement**

AToN Center is committed to assisting individuals obtain needed services, and agrees to take all steps necessary to secure insurance authorizations as requested. Insurance companies typically do not give authorization in advance of treatment, and may require pre---service review upon admission assessment. Most insurance companies require ongoing concurrent review every few days to assess for continued medical necessity during a residential treatment episode.

Therefore, it is essential to understand that ***no guarantees are made in advance or at any time that insurance will cover treatment and at what rate.*** Most insurance plans contain language that highlights out of the pocket cost estimates (please see your plan literature for details). ***Individuals who admit to AToN Center are responsible for any unreimbursed portion of their stay at AToN Center.***

AToN Center agrees to notify residents who are denied treatment by their insurance company within 12 hours of notification of the denial. ***If a resident chooses to remain in treatment beyond a denial date, the resident and/or a designated financial party will be responsible for the full daily rate as billed.*** In addition, upon denial, residents and financially responsible parties will be asked to sign a Self---Pay Agreement. A late payment penalty of 10% will be added onto any unpaid portion of the as billed rate if the bill is not paid in full at the time of discharge.

*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) acknowledge receipt of a copy.*

Resident Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Financially Responsible  
Party Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(if different from the resident)

AToN Center Witness: \_\_\_\_\_ Date: \_\_\_\_\_