

Heather M. Berberet, Psy.D.  
3101 Fourth Avenue  
San Diego, CA 92203  
619.379.8513 www.DrBerberet.com

## Pre-Authorized Health Care Form (PAHCF)



I, \_\_\_\_\_, authorize Heather M. Berberet, Psy.D. to keep my signature on file and the charge my account for recurring treatment charges\* of \$ \_\_\_\_\_ per visit.

Maximum charge limited to \$ \_\_\_\_\_

Additionally, I authorize the charges of balances created due to late cancellation (less than 48 hours notification) and no show charges. I understand that this form is valid for four (4) years unless I cancel the authorization through written notice to the health care provider. \*Please note that according to your fee agreement, late cancellations (less than 48 hours notice prior to the appointment) or no-show appointments will be charged the full fee of \$150 and will not be reimbursed by your insurance company. These sessions will be charged to your credit card in the same manner as a treatment session.

Patient's Name \_\_\_\_\_

Card Holder's Name \_\_\_\_\_

Card Holder's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Visa       Mastercard       Discover      Acct. # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Auth. Code\*: \_\_\_\_\_

\* This is the last 3 digits in the signature space on the back of your credit card.      Signature of Cardholder \_\_\_\_\_

### Questions and Answers About Credit Card Pre-Authorization

**Q.** May I limit the amount that can be automatically billed? **A.** Yes. Just indicate the maximum amount in the appropriate section of the form.

**Q.** Can my doctor charge my account for amounts or time periods not specified on the form? **A.** No. Your doctor is only authorized to bill your account up to the maximum amount during the 4 years the form is valid or until you cancel your authorization.

**Q.** Will I receive a statement or receipt for the charges automatically billed to my card? **A.** You will receive a copy of the (PAHCF) from your health care provider. All authorized charges will appear on your monthly statement, just like any purchase.

**Q.** What types of health care procedures may I use pre-authorized payments for? **A.** You can use pre-authorized payments for every health care visit, from routine check-ups to recurring treatments such as psychotherapy.

**Q.** If I have recurring treatments with more than one provider, may I use pre-authorized payment for both? **A.** Yes. You can keep a completed PAHCF on file at more than one doctor's office. Just fill-out a form at each office where you want to use this payment method.

**Q.** What is the pre-authorized payment procedure? **A.** It's a payment method in which you authorize your doctor to automatically bill your account for any health care related charges. All charges must be in accordance with your agreement.

**Q.** How does the pre-authorized payment procedure work? **A.** It starts when you fill-out a PAHCF for your doctor or hospital. In this office, the form is primarily used to automatically bill your account for recurring visits.