

# Peter J. Somers, Ph.D., LP

Psychological Consultation / Assessment / Teletherapy

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Winnebago, MN 56098  
petersomers.com

612-396-1699  
FAX: 507-893-3031

## Pre-authorized Health Care Payment Form

I authorize Peter Somers, Ph.D., L.P. to keep my signature on file and to charge my account for:

Balances of charges not paid by insurance within 90 days, including late cancellation and no show charges.

Recurring charges (on-going treatments) of \$ \_\_\_\_\_ per visit beginning on \_\_\_\_\_.

I understand that this form is valid unless I cancel the authorization through written notice to the health care provider.

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

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

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

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

Visa  MasterCard  Discover  American Express

Account #: \_\_\_\_\_

CVV2: \_\_\_\_\_ (3 digits found on the back of the card in the signature line)

Expiration Date: \_\_\_\_\_

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

**VISA**

