



The Therapy Institute
“Treating the individual, not the diagnosis”
Dr. Frederick B. Covington, OTD. Director
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www.TheTherapyInstitute.com

BILLING AUTHORIZATION FORM

AUTHORIZATION TO CHARGE CARD

I hereby authorize The Therapy Institute/Dr. Frederick Covington to charge my credit card for the amount specified for services (i.e. evaluation, tx) provided for my child and to charge my credit card at the end of each month for all services (i.e. treatment/school visits, etc.) provided for my child.

Parent/Caretaker Signature

Date

Card number:

Expiration Date:

3-Digit Security Code:

Billing Zip Code:

Please provide the email where you would like your invoice to be sent:

We accept Visa, MasterCard, American Express, Discover and checks. You may complete the form and either:

- Email this form to our Service Coordinator, Susan Callaghan, at:
DrCovington@AskDrCovington.com or DrCovington@TheTherapyInstitute
- Call our office at (888) 991-2368 to provide payment over the phone.
- Pay via email invoice which will be forwarded at the end of each month/upon evaluation completion