

COMMERCIAL INSURANCE

Applied Behavioral Analysis Checklist

Thank you for your interest in our program! Please send information below to Baptist Behavioral Health via fax at 904.390.7429. Please contact our Special Services team at phone: 904.376.3800, opt 1 then opt 2 with any questions.

Medical diagnosis (ASD plus level of severity): _____

ICD 10 code: _____

Diagnosing provider name: _____

Office address: _____

Phone #: _____ Fax: _____

Patient name: _____

DOB: _____

Caregiver name: _____

Phone 1: _____ Phone 2: _____

Medicaid ID: _____

Please complete information above and furnish the below information in order for us to process your referral:

- Insurance card
- Demographic information
- Diagnosis list
- Medical records
- Previous psychological testing results including ADOS
- Signed order from diagnosing provider for applied behavioral analysis services.

Comments: _____

Please note that insurance payers require the above information, if it is not received, they are unable to process the authorization. If you have questions regarding insurance requirements, please reach out to your patient's plan.

