

MEDICAID PATIENTS

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: _____

MD printed name: _____

MD office address: _____

MD phone #: _____ MD fax: _____

Provider medicaid ID: _____

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 report/ Comprehensive Diagnostic Evaluation by behavioral health professional confirming ASD diagnosis
- Signed order from Medicaid treating physician for applied behavioral analysis services.

Comments: _____

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

