



## Behavior Analysis REFERRAL FORM

**\*\*Notes:** To receive Behavior Analysis services through Medicaid Insurance all requested information is needed to get the service authorized. The physician (MD) must fill out a physician order on a script pad completely and sign it.

A copy of a COMPREHENSIVE diagnostic report/evaluation on the referred child must be submitted as well to verify diagnosis.

→Please return this form along with a copy of your insurance card and complete packet to:

[Jeanette@toinfinityandbeyondaba.com](mailto:Jeanette@toinfinityandbeyondaba.com)

Childs First and Last Name	
Child DOB	
Child's age	
Child's gender	
Child Social Security #	
Insurance ID or Medicaid Number	
Child home address	
Child resides with	
Parent /Caregiver name	
Parent/ Caregiver phone number	
Parent/Caregiver Email	
School/ Daycare Name:	
School point of contact name & phone	
School type check one	<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Home/Virtual <input type="checkbox"/> Daycare
Child Primary care doctor Name and phone	
Service location type desired check one	<input type="checkbox"/> Home <input type="checkbox"/> School/Daycare <input type="checkbox"/> Clinic
Family Availability for Services Monday Tuesday Wednesday Thursday Friday Saturday Sunday	<i>(Example: Monday only after school 3-9pm; Tuesday no availability)</i>
Does your child have an authorization or currently receiving ABA services?	
Referral Source name, phone, email	

