

Applied Behavioral Analysis Treating Board Certified Behavioral Analyst Change Notification Form

This form is to be used by the existing ABA provider and only when the member's rendering ABA provider or qualified health professional is changing. Please complete all sections of the form. Please submit new BCBA claims after the existing prior authorization has been updated. You will receive a revised prior authorization by letter confirming the change.

Note: This form may not be used to request ABA assessment or treatment services.

Please fax the completed form to **855-649-9681**. For any questions, call 855-313-8909 or for Federal Employee Program® call 877-885-3751.

PATIENT AND SUBSCRIBER INFORMATION

Patient Full Name: _____ Patient DOB: _____
Last First M.I. MM/DD/YYYY

Subscriber Full Name: _____ Subscriber ID: _____
Last First M.I.

Group Number: _____

CURRENT RENDERING BCBA INFORMATION

ABA Authorization ID: _____ Authorization Dates: _____ to _____
MM/DD/YYYY MM/DD/YYYY

BCBA Full Name: _____ NPI: _____
Last First M.I.

Phone: _____ Email: _____

Address: _____
Number and Street City State Zip Code

End Date of Treatment with Member: _____
MM/DD/YYYY

NEW RENDERING BCBA INFORMATION

BCBA Full Name: _____ NPI: _____
Last First M.I.

License Number: _____ State of Licensure: _____

Phone: _____ Email: _____

Address: _____
Number and Street City State Zip Code

Start Date of Treatment with Member: _____
MM/DD/YYYY

I certify that the information included on this form is true and accurate to the best of my knowledge.

Name of Person Completing Form: _____ Phone: _____

Signature: _____ Date: _____
MM/DD/YYYY