



ABA Therapy Billing Services

Practice Analysis Form for Consulting Services

Provider Business Name: _____

Contact Name: _____

Email: _____

State: _____ Phone: _____

How many clients do you currently serve? _____

Are you in-network with any insurance carriers? _____ If yes, which ones?

Is your current billing done in-house or outsourced? _____

Which of the following therapies does your company provide? Please check:

_____ ABA _____ Speech _____ OT _____ PT _____ Other

What issues are you currently needing consulting for?

Please fax completed form to 866-496-3007 or scan/email to LMBOADM@aol.com