SGBA

South Georgia Behavior Associates

ABA Referral Form

Child's Name:_____ DOB:_____/_____/_____

Insurance:_____ Member ID:_____

Parent's Name:_____ Phone #:_____

Referring Dr's Name:_____ Phone #:_____

Autism Diagnosis?_____ yes _____ no

Currently, insurance companies will only pay for ABA services for children with an autism diagnosis.

Please include the following with your referral:

_____ Physician Signed Order or Letter of Medical Necessity for ABA Therapy

_____ Psychological Evaluation with diagnosis

_____ Copy of Insurance Card (front and back)

Please fax this form with the requested information to 229.389.2218

Thank you!

South Georgia Behavior Associates
850.345.8336 or 480.522.7410