



# Brief Intake to Determine Funding Coverage

*“Developing Skills, Improving Behavior, Changing Lives”*

## ***Parents/Guardians,***

*In order for us to contact your health care provider, to determine eligibility and obtain authorization for in-network or single-case agreements, we will need the following information:*

Patient Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Your child will need a diagnosis with a CPT code between 299.0-299.9. This has to be provided by a licensed professional (*not a school employee*) and should be based upon a thorough assessment. Typically this is done by a Developmental Pediatrician, Licensed Clinical Psychologist or Mental Health professional. On the report there will be a statement about the child’s diagnosis. ABA services funded by the insurance companies through the state mandate requires a diagnosis of Autism Spectrum Disorder, Aspergers, PDD, Rett’s syndrome and anything between 299.0 to 299.9.

\_\_\_\_\_ Autism      \_\_\_\_\_ Aspergers      \_\_\_\_\_ PDD NOS      \_\_\_\_\_ Other

Patient Primary Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

## **PRIMARY INSURANCE INFORMATION**

Insurance Company: \_\_\_\_\_

Sponsor Name: \_\_\_\_\_ Ph. Number: \_\_\_\_\_

Sponsor Date of Birth: \_\_\_\_\_

## **SECONDARY INSURANCE INFORMATION (if applicable)**

Insurance Company: \_\_\_\_\_

Sponsor Name: \_\_\_\_\_ Ph. Number: \_\_\_\_\_

Sponsor Date of Birth: \_\_\_\_\_

*You may fax this information back to us at 850-521-1973; scan it and email it to us at [bmcservices@bmcsoutheast.com](mailto:bmcservices@bmcsoutheast.com); or put it in regular mail to our office in Tallahassee at 1406 Hays St. Suite 8, Tallahassee, Florida 32301*  
*Once we have the above information we will be able to check for eligibility for ABA services from your insurance company.*