April 2016

AlohaCare
For a healthy Hawaii.

REQUEST FOR APPLIED BEHAVIORAL ANALYSIS (ABA) SERVICES

☐ ASSESSMENT & TREATMENT PLANNING

☐ INITIAL ABA SERVICES ☐ CONTINUING ABA SERVICES

Referring Agency/Provider:	**Date Submitted:**
Contact Person:	**Contact phone number:** **Fax Number:**

MEMBER INFORMATION

Member Name	**ID #**	**Date of Birth**	**Diagnosis**	**Requested ABA services**	**Requested Start Date**

SERVICES REQUESTED

Service code: _____ Modifier_____units_____hours_____

Service code: _____ Modifier_____units_____hours_____

Service code: _____ Modifier_____units_____hours_____

Service code: _____ Modifier_____units_____hours_____

Service code: _____ Modifier_____units_____hours_____

Service code: _____ Modifier_____units_____hours_____

From: _____ to:_____

Authorized Signature:_____

Reason for this request:

_____

_____

_____

_____

IMPORTANT NOTE: ***IF ABA SERVICES ARE BEING REQUESTED, PLEASE SUBMIT THE COMPLETED ASSESSMENT, TREATMENT PLAN AND ANY OTHER SUPPORTING DOCUMENTS.***

AUTH STATUS

☐ Approved:

Service code: _____ Modifier_____units_____hours_____
Service code: _____ Modifier_____units_____hours_____
Service code: _____ Modifier_____units_____hours_____
Service code: _____ Modifier_____units_____hours_____
Service code: _____ Modifier_____units_____hours_____
Service code: _____ Modifier_____units_____hours_____

☐ **Additional Information Needed:**

_____

_____

_____

Clinician: **Contact number:**	**Date Completed:**

AlohaCare
1357 Kapiolani Blvd., Suite 1250, Honolulu, Hi 96814
To contact the BH Dept., call 973-1650 (Oahu) or 1-800-434-1002 (NI)
FAX: 973-6324 or 1-800-293-4580