

Government Programs: Board Certified Behavior Analyst (BCBA) Change Request Form

Instructions: This form must be completed by the current Applied Behavioral Analysis (ABA) provider when requesting a change in the rendering BCBA on an active authorization. Submit the completed form via the provider portal or fax to 757-963-9620 or 1-844-895-3231. Do not use this form to request new ABA services.

1. Member Information		
Member Full Name:		Date of Birth (MM/DD/YYYY):
Subscriber/Medicaid ID:		Group Number (if applicable):
2. Current Authorization Deta	ails	
Authorization ID:		Authorization Dates:
		From To
Current BCBA Full Name:	NPI:	Phone:
Email:		End Date of Treatment with Member:
3. New BCBA Information		
New BCBA Full Name:	NPI:	State of Licensure:
License Number:		Phone:
Email:		Start Date of Treatment with Member

4. Reason for Change		
Brief explanation of why the BCBA is being c	hanged:	
5. Provider Attestation		
I certify that the information provided is accu	rate and that the member's care will continue	without interruption.
		_
Authorized Provider Signature:	Printed Name:	Date:
6. Parent/Guardian Acknowledg	gment (if applicable)	
I certify that the information provided is accu	rate and that the member's care will continue	without interruption.
Parent/Guardian Signature:	Printed Name:	Date:

