



A New Leaf

Therapeutic Services PLLC

920 Cambridge Street
 Fayetteville, NC, 28303
 P: (910) 493-3555
 F: (910) 493-3520

REFERRAL FOR APPLIED BEHAVIOR ANALYSIS SERVICES

ASD Diagnosing Provider has assessed this client for Autism Spectrum Disorder (F84.0) and is referring this client for ABA Services. Please approve for services ASAP.

Client: _____ Policy Number: _____

MCO (if applicable): _____ DOB: _____

ICD 10 Diagnosis: _____

Service to be rendered - All services are necessary for ABA.	Date of Order	Initials
ABA/ABT Reassessments and Treatment Plan Updates (97151) (untimed)		
Adaptive Behavior Treatment by Protocol (97153)		
Adaptive Behavior Treatment by Protocol Modifications (97155)		
Family Adaptive Behavior Treatment Guidance (97156)		
T1023 PDDBI testing		

As the ASD Diagnosing Provider, I have assessed this client for Autism Spectrum Disorder, found results consistent with this diagnosis and deem Applied Behavior Analysis medically necessary.

NPI #:



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Signature of ASD

Diagnosing Provider: _____

Printed Name: