BlueCross BlueShield of Illinois

APPLIED BEHAVIORAL ANALYSIS
BCBA CHANGE RQUEST FORM

Applied Behavioral Analysis
Treating Board Certified Behavioral Analyst
Change Notification Form

This form is to be used by the existing ABA provider and only when the member's rendering ABA provider or qualified health professional is changing. Please complete all sections of the form. Please submit new BCBA claims after the existing prior authorization has been updated. You will receive a revised prior authorization by letter confirming the change.

Note: This form may not be used to request ABA assessment or treatment services.

Please fax the completed form to **877-361-7646**. For any questions, call 800-528-7264 or for Blue Cross and Blue Shield Federal Employee Program® 800-7528-7264.

PATIENT AND SUBSCRIBER INFORMATION

Patient Full Name: ______________________ (Last, First, M.I.) Patient DOB: ______________ (MM/DD/YYYY)

Subscriber Full Name: ______________________ (Last, First, M.I.) Subscriber ID: ______________

Group Number: ______________

CURRENT RENDERING BCBA INFORMATION

ABA Authorization ID: ______________ Authorization Dates: __________ (MM/DD/YYYY) to __________ (MM/DD/YYYY)

BCBA Full Name: ______________________ (Last, First, M.I.) NPI: ______________

Phone: ______________ Email: ______________

Address: ______________________ (Number and Street, City, State, Zip Code)

End Date of Treatment with Member: ______________ (MM/DD/YYYY)

NEW RENDERING BCBA INFORMATION

BCBA Full Name: ______________________ (Last, First, M.I.) NPI: ______________

License Number: ______________ State of Licensure: ______________

Phone: ______________ Email: ______________

Address: ______________________ (Number and Street, City, State, Zip Code)

Start Date of Treatment with Member: ______________ (MM/DD/YYYY)

I certify that the information included on this form is true and accurate to the best of my knowledge.

Name of Person Completing Form: ______________ Phone: ______________

Signature: ______________ Date: ______________ (MM/DD/YYYY)

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