

Behavior Analysis Change of Provider Form

Purpose: The following is applicable when a parent/caregiver elects to change Behavior Analysis providers during an approved care period.

Form Instructions: The Change of Provider form is required to document the parent/caregiver provider choice. It is important to complete this entire form, especially:

- Recipient Information
- Previous Provider Name and Last Date the recipient received care from the provider.
- Signature of Parent/Caregiver and New Provider

Form Submission Instructions: Completed forms and required documentation can be submitted via Availity or faxed to Aetna Better Health of Florida Prior Authorizations **1-833-365-2474 (TTY:711)**

To avoid delays in processing please ensure the following are submitted:

- Completed and signed Change of Provider Form
- New Prior Authorization Request Form
- Required clinical documentation, including a Behavior Analysis Assessment and Plan

Questions? Please contact Aetna Better Health of Provider Engagement **1-800-441-5501 (TTY: 771)**

Behavior Analysis Change of Provider Form

This form must be submitted with a Prior Authorization Request Form when a member has a current and active authorization under a different provider.

Providers: Fax completed and signed form to **1-833-365-2474**

Recipient Information

Name (Last, First):	Medicaid ID#:
Date of Birth (mm/dd/yyyy):	Current Auth Number (if known):

Previous Provider Information

Name (Last, First):	Last Date of Services (mm/dd/yyyy):
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New Provider Information

Name:	Provider ID# (NPI):
Start Date of Service (mm/dd/yyyy):	Provider Signature:

This is to inform you that I, _____

(Recipient Name)

have changed providers effective: _____

(Date)

I am changing from provider: _____

(Provider's Name)

to provider: _____

(New Provider's Name)

Parent/Guardian Signature or Recipient (if applicable)

(Date)