

# Maryland Medicaid ABA Referral Form

**Instructions:** Referring practice must fill out **ALL** information below. Please note that referrals for Applied Behavior Analysis (ABA) services must be made by the following qualified healthcare professionals: **Developmental Pediatrician, Pediatrician, Nurse Practitioner, Pediatric Neurologist, Child Psychiatrist, Clinical Psychologist, and Neuropsychologist.**

## Patient Information

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Maryland Medicaid ID: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

## Practice Information

Name of Practice: \_\_\_\_\_

Practice Phone Number: \_\_\_\_\_

Full Name of Referring Provider: \_\_\_\_\_

NPI of Referring Provider: \_\_\_\_\_

Provider Email (optional): \_\_\_\_\_

## Referral Information

Please check the following box if recommending Applied Behavior Analysis (ABA) services.

I recommend the above patient receive ABA services.

\_\_\_\_\_  
Signature of Referring Provider & Credential

\_\_\_\_\_  
Date

Practice Stamp: