



Thank you for choosing Discovery Behavior Solutions (DBS) to provide your family with Applied Behavior Analysis (ABA) services. We are looking forward to working with you and your family.

Client: _____

Parent/Guardian: _____

Date: _____

In order for us to receive authorization for services from your health insurance provider we will need the following documentation from you:

1. Your child's prescribing pediatrician's order for ABA services. This can be in letter form from the doctor.
2. Copy of the diagnostic evaluation that resulted in the qualifying diagnosis. This must be from a designated Center of Excellence in the State of Washington – please contact us if you have questions regarding this.
3. Copies of any other relevant reports/assessments (i.e. IEP, developmental assessment, mental health report, etc.)
4. Copy of front/back of your insurance card

Finally, please review all of the forms that are enclosed within this packet. If you have any questions regarding the Parent Guide or the enclosed forms, please don't hesitate to call us. We will need you to send a copy of these signed forms to us prior to starting services. You may send in the documents via fax, email or mail. (All contact information is listed at the bottom of this page for your reference.)

1. Consent to Treatment Form
2. Copay Acknowledgement Form
3. Parent Information Guide
4. Counselor Disclosure Form
5. Client Intake Form

We look forward to working closely with you and your child. If you have any questions or concerns, please contact us: Office (360) 984-3131 Fax (360) 718-8542.

Sincerely,

Carla-Marie Myers, MA, BCBA
Owner/CEO