



Dear Parent:

Thank you for your interest in utilizing The Family Center for Autism for Applied Behavior Analysis (ABA) and/or our Social Skills program. We are currently accepting many insurance plans for these services. As part of the process, we will assist you by checking the eligibility and coverage of your plan.

Items we need from you at this time are as follows:

1. Prescription from your child's doctor stating the "Autism F84.0" diagnosis and that "ABA therapy is recommended". The child's name, address and DOB should be indicated on the script.
2. Front and Back copy of your insurance card
3. Eligibility Request Form (attached)
4. Client Screening Form (attached)
5. Copies of Screening and Initial Autism Diagnostic Reports (examples include: ADOS, CARS, Autism Spectrum Rating Scales, etc.). These are required by your insurance company and authorization for services cannot be obtained without one or more of these reports.

Please send this information to the attention of Rose Ludricks via email, fax, or regular mail:

[rludricks@lifesworc.org](mailto:rludricks@lifesworc.org)

Fax: (516)-302-1810

1501 Franklin Avenue

Garden City, NY 11530

If you have any questions or need further assistance, I can be reached by phone at 516-741-9000 ext. 9360 or by email at [rludricks@lifesworc.org](mailto:rludricks@lifesworc.org).

Thank you,

*Rose Ludricks*