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CONTACT LIST Information

Our waitlist is FULL for all clinical services (ABA, CBT, and assessment).

I can give you contact information for other clinics that provide _______ in this region. What is your email address? I'd like to send you a link to clinics that provide those services.

We also have a 'contact list' we can add you to, which helps us measure the ongoing and rising demand and helps us communicate the need for more providers. Would you like to be added to our contact list? It takes about 5 minutes.

FOLLOW UP STEPS for Volunteer or Intern: To assist the person in finding other providers, be sure to find out (1) age (2) state (3) insurance. These factors will help you zone in on which resources will be the best fit when you follow up with options.

ADOS

Check this box if the person is seeking an AUTISM ASSESSMENT.

☐ ADOS

CBT

Click this box if the person is seeking Cognitive Behavior Therapy/Counseling

☐ CBT

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ABA

ONLY add if the child is between 18 months and 6 years old. As of May 2020, we are in network with the following for ABA: BlueCare, TN Care Select, CoverKids, Amerigroup TN, BCBS*, Cigna*, and Aetna*. If they have BCBS, Aetna, or CIGNA, say "ABA may or may not be covered by your plan. Please call your insurance provider and ask if they cover autism services and Applied Behavior Analysis." ONLY ADD TO WAITLIST IF WE ARE IN NETWORK WITH THEIR INSURANCE!

- [ ] ABA

Insurance

What Insurance do you currently have? If they say TennCare, ask what kind. * = type of TennCare. ** = not in network. For ABA, we are only in network with: BlueCare, TN Care Select, CoverKids, Amerigroup TN, BCBS*, Cigna*, and Aetna*.

- [ ] BlueCare*
- [ ] Cover Kids*
- [ ] TN Care*
- [ ] UHC Community*
- [ ] Amerigroup TN*
- [ ] BCBS
- [ ] CIGNA
- [ ] TriCare
- [ ] UHC (regular)
- [ ] Alliant
- [ ] Aetna

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- [ ] Magellan
- [ ] Georgia Medicaid (ask what kind)
- [ ] WellCare GA
- [ ] PeachCare
- [ ] Amerigroup of GA**
- [ ] Humana**
- [ ] None
- [ ] Other: ______________________

If the caller has no insurance or we are out-of-network:

If we are out of network with the caller's insurance (marked with **) and they are calling about an evaluation or CBT, say "We are not in network with _________ , but can add you to our list anyway. We have a sliding fee self-pay option." DO NOT ADD TO ABA WAITLIST if out of network.

Name

What's the name of the person needing the service?

Your answer

Parent/Guardian Name

Your answer

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DOB

What's the date of birth of the person seeking the service?

MM DD YYYY

/ / 2020

Phone

What is the best phone number to reach you? Format: 000-000-0000

Your answer

VM

May I leave a voicemail at this number?

- Yes
- No

2nd Phone

Is there a second phone number you would like to add? Format: 000-000-0000

Your answer

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2nd VM

May I leave a Voicemail at this number?

- Yes
- No

Email

What is your e-mail address?

Your answer

Secure?

May we send you a secure email to that address?

- Yes
- No

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CONTACT LIST Information

If caller is a representative from a medical office or healthcare organization:

Skip this section if the caller is a parent or adult seeking services.

Clinic Rep

What is the name of the person making the referral?

Your answer

Clinic

What is the name of the clinic/practice making the referral?

Your answer

Doctor

What is the name of the physician making the referral?

Your answer

Your answer

Doctor

What is the name of the physician making the referral?

Your answer

Phone

Format: 000-000-0000

Your answer

Fax

Format: 000-000-0000

Your answer

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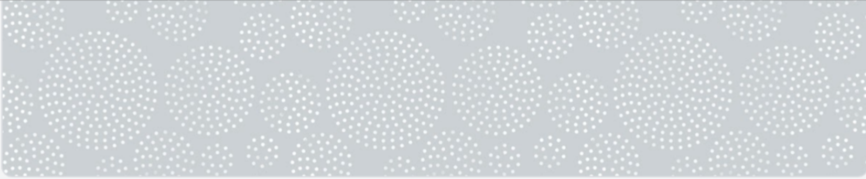

CONTACT LIST Information

If Seeking ABA Therapy:

We need a doctor's referral for ABA therapy.

MD Name

What is the name of your child's physician?

Your answer

MD Phone

Do you have a phone number? Format: 000-000-0000

Your answer

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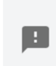

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CONTACT LIST Information

Reason for Call:

What is the reason you are seeking therapy or what caused you to seek an assessment? (If seeking ABA, what are your behaviors of concern?)

Reason

Your answer

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CONTACT LIST Information

Form Submission

Name

Name of person at the CAC who took down or entered this information

Your answer

Date

Date when the person called to be added to contact list.

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