

# Behavior Analysis: Change of Provider Form

This form must accompany any new prior authorization request form when a recipient has a current and active PA under a different provider number. The new provider must first request a prior authorization for an initial assessment along with required clinical documentation and develop their own treatment/behavior plan. Providers cannot use a previous providers assessment or treatment/behavior plan. Please fill in the boxes below.

## Recipient Information

Member Name: \_\_\_\_\_

Medicaid ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current PA Number (if known): \_\_\_\_\_

## Previous Provider Information

Name: \_\_\_\_\_ Last Date of Services: \_\_\_\_\_

## New Provider Information

Name: \_\_\_\_\_

Provider ID: \_\_\_\_\_ Start Date of Service: \_\_\_\_\_

Reason for Provider Change:

\_\_\_\_\_  
Provider Signature

This notice is to inform you that my child \_\_\_\_\_

(Member's Name)

has changed providers effective \_\_\_\_\_.

(Date)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



The Children's Medical Services Health Plan has partnered with Sunshine Health to provide managed care services to our members. Sunshine Health is a licensed Florida health plan.

Children's Medical Services Health Plan provides free aids and services to people with disabilities, such as qualified sign language interpreters, written information in other formats (large print, audio, accessible electronic and other formats), and free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

This information is available for free in other languages. Please contact Member Services at 1-866-799-5321, TTY 1-800-955-8770 Monday through Friday, 8 a.m. to 8 p.m.

Esta información está disponible en otros idiomas de manera gratuita. Comuníquese con nuestro número de servicio al cliente al 1-866-799-5321, TTY 1-800-955-8770 de lunes a viernes, de 8 a.m. a 8 p.m.

Si oumenm, oubyen yon moun w ap ede, gen kesyon nou ta renmen poze sou Children's Medical Services Health Plan, ou gen tout dwa pou w jwenn èd ak enfòmasyon nan lang manman w san sa pa koute w anyen. Pou w pale avèk yon entèprèt, sonnen nimewo 1-866-799-5321 (TTY 1-800-955-8770).

Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Children's Medical Services Health Plan, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-866-799-5321 (TTY 1-800-955-8770).