Insurance Information Checklist

A Simple Guide for Families Starting ABA Services

Understanding insurance requirements can feel overwhelming, but you do not have to manage the process alone. Use this checklist to organize information that an ABA provider or insurance plan may request when verifying benefits or seeking authorization. Requirements vary by plan, so confirm the details that apply to your child.

1. Your Child's Information

- **Full legal name**
  Use the name exactly as it appears on the insurance card and other official records.
- **Date of birth**
  This helps the provider match your child to the correct insurance record.
- **Home address**
  Insurance plans may use the address to confirm eligibility, service area, or plan information.
- **Parent or legal guardian's name**
  Provide the name of the person authorized to make healthcare decisions for the child.
- **Best phone number and email address**
  Accurate contact information helps prevent delays when documents or updates are needed.

2. Insurance Information

- **Front and back of the insurance card**
  A clear copy helps identify the plan, member services number, and claims information.
- **Member or subscriber ID**
  This number is used to verify eligibility and submit benefit or authorization inquiries.
- **Group number, if listed**
  Some plans use a group number to identify the employer or benefit package.
- **Policyholder's name and date of birth**
  The policyholder may be different from the child receiving services.
- **Relationship of the policyholder to the child**
  This may be requested when verifying benefits or completing forms.
- **Secondary insurance information, if applicable**
  Provide both plans so the provider can determine which plan should be billed first.

3. Diagnostic and Clinical Documents

- **Complete diagnostic evaluation, if available**
  The full report may be needed to confirm the diagnosis and review the evaluator's findings.
- **Referral, prescription, or order for ABA services, if required**
  Requirements differ by plan; your provider can help identify whether this applies.

- **Recent medical or developmental evaluations, if applicable**
  These records may provide relevant health, developmental, or safety information.
- **Previous ABA, speech, occupational therapy, or psychological reports, if available**
  Prior reports may help the clinical team understand earlier goals and recommendations.
- **IEP or school evaluation, if applicable**
  School records can provide useful background information but do not replace an individualized ABA assessment.

4. Questions to Ask Your Insurance Plan

- **Are ABA services covered under my child's current plan?**
  Ask whether age, diagnosis, network, or other benefit requirements apply.
- **Does the ABA provider need to be in network?**
  Using an out-of-network provider may change coverage or family responsibility.
- **Is prior authorization required before services begin?**
  Authorization may be required before certain evaluations or treatment services can be reimbursed.
- **Is a referral, prescription, or specific diagnostic report required?**
  Confirm the type, date, and professional qualifications required for supporting documents.
- **Do we have a deductible, copayment, or coinsurance?**
  Ask how these amounts may apply to ABA evaluation and treatment services.
- **Are there visit, hour, location, or other service limitations?**
  Request an explanation specific to your plan because benefit limits can vary.
- **What is the reference number for this call?**
  Record the date, representative's name, and reference number for follow-up.

5. Questions for the ABA Provider

- **Will your office verify my benefits?**
  Benefit verification can help explain coverage but does not guarantee authorization or payment.
- **What documents do you need from our family?**
  Ask for a clear list so you can provide complete information without sharing unnecessary records.
- **Will your office submit the authorization request?**
  Clarify who will submit forms and respond to requests for additional information.
- **How will we be informed about coverage and possible family costs?**
  A provider should explain known financial responsibilities clearly and update you when information changes.
- **Who should we contact if our insurance changes?**
  Report changes promptly because a new plan may require new eligibility checks or authorization.

Important: *Verification of benefits is not a guarantee of payment. Coverage may depend on current eligibility, plan terms, medical-necessity review, authorization requirements, network status, and the services actually provided.*

You Don't Have to Navigate This Alone

Insurance requirements can vary, and it is normal to have questions. Your ABA provider can help explain the intake and authorization process, identify documents that may be needed, and communicate next steps. Notify the provider promptly if your insurance or contact information changes.

Educational Notice: *This checklist provides general educational information and does not guarantee eligibility, coverage, authorization, reimbursement, or a specific start date. Families should confirm current requirements directly with their insurance plan and ABA provider.*

Sources Consulted

Behavior Analyst Certification Board. Ethics Code for Behavior Analysts (effective January 1, 2022), including standards addressing accurate communication, informed consent, documentation, service agreements, and fees.

Texas Medicaid & Healthcare Partnership. Texas Medicaid Provider Procedures Manual, Children's Services Handbook – Autism Services, current 2026 edition, including eligibility, documentation, and prior-authorization requirements.

Texas Health and Human Services. Consumer and provider information regarding Medicaid ABA services for eligible children and youth with autism.

Journal of Applied Behavior Analysis literature on individualized, socially meaningful, caregiver-informed, and ethically delivered behavior-analytic services.

Insurance-specific requirements in this checklist are drawn from payer and Texas policy sources, not inferred from JABA.