



Beyond the Behavior, LLC
*Therapy Center for Children
 with Autism*

611 S. Hwy 78, Ste. 103
 Wylie, TX 75098
 972-429-5700

jessica@beyondthebehavior.com

VERIFICATION AND ELIGIBILITY INFORMATION

Please email the completed form to jessica@beyondthebehavior.com, or mail to the address above.

Child's full name: _____ Date of Birth: _____

Child's address: _____

Child's diagnosis: _____ Name of doctor who diagnosed: _____

Parent/Guardian: _____ Parent/Guardian: _____
 Parent address (if different from child): _____ Parent address (if different from child): _____

Parent Employer: _____ Parent Employer: _____
 Employer address: _____ Employer address: _____

INSURANCE INFORMATION-Please provide a copy of the front and back of your insurance card

Name of Insured: _____ Date of Birth: _____

Insurance company: _____ Phone number: _____

Address: _____

Member ID: _____ Group Number: _____

Subscriber's SSN (for Tricare applicants only): _____

Does your child have their own unique coverage card? Yes No

If yes, please provide a copy of that coverage card as well

 Parent Signature

 Date

For Office Use Only:

Services to be provided: _____

Client's diagnosis code: _____