AUTISM SPECTRUM DISORDER (ASD)
REQUEST TO PROVIDE SERVICES

Name		Degree	

Individual NPI#		License #		License State	

ASD Practice Location	
Address	
City, State, Zip	
Location Tax ID	

WI Autism Spectrum Disorder (ASD) Verification: Is the Outpatient Mental Health Clinic listed above approved by the Wisconsin Department of Health Services with a signed Medicaid provider agreement to provide ASD services through the Medicaid Home and Community-Based Services as granted by the Centers for Medicare & Medicaid Services (Waiver Program)? ☐ No ☐ Yes

If yes, please provide a copy of official documentation of this relationship Certification Date _____

Provider Type: ☐ Psychiatrist ☐ Psychologist ☐ Licensed Behavioral Analyst
☐ Social Worker ☐ Counselor ☐ _____

WI Autism Spectrum Disorder (ASD) Qualifications: Please select your appropriate service provision level as defined on the *Arise Health Plan Criteria for Autism Spectrum Disorders*:

- ☐ Qualified Intensive Level Professional
- ☐ Qualified Intensive Level Provider
- ☐ Qualified Intensive Level Supervising Provider
- ☐ Qualified Non-Intensive Level Paraprofessional
- ☐ Qualified Non-Intensive Level Professional
- ☐ Qualified Non-Intensive Level Provider
- ☐ Qualified Non-Intensive Level Therapist

I certify that I meet the requirements for the level of service selected, as stated in 3.36 WI Admin. Code and outlined in the Arise Health Plan Criteria.

Signature of Qualified Provider _____ Date _____

Return completed form to:

Network Management, Arise Health Plan
PO Box 11625 · Green Bay, WI 54307-1625 · Fax (920) 490-6923

Please note: This is not a contract. This information is used solely to better allow Arise Health Plan to process claims. To become a preferred provider please contact Chris Fredericks at (920) 617-6305.

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