

ELIGIBILITY REQUEST

Medical Reimbursement Consultants

Date	Patient:
------	----------

Type of Services

ABA	
Physical Therapy	
Occupational Therapy	
SLP	
Social Skills	
Counseling	

Where will services be provided

Office	
Home	
Community	
School	
Other	

Comments:

Note: Copy of Insurance card, Front and Back, Must be Attached

MRC-1111A 9/16