



Child's Name: _____

Policy Holder's name: _____ Policy Holder's Member ID: _____

STATEMENT OF ASSURANCE

UNAVAILABILITY OF INSTRUCTIONAL EDUCATION PLAN (IEP)

I assure the payer that I have attempted to obtain the IEP but it is **unavailable** for review at the time of this pre-certification request.

I have reviewed the IEP and am providing assurances to the following:

(Initials) _____
(Date) I have read the most recent IEP and assure that the ABA services are consistent with the instructional plan

(Initials) _____
(Date) I have read the most recent IEP and assure that ABA Services are not in conflict with the IEP, is not replicating or supplanting responsibilities of I.D.E.A.

(Initials) _____
(Date) This child does not have an IEP due to age.

(BCBA signature)

(Date)

(BCBA Typed/ Printed Name and phone number)