



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:

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

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

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

\_\_\_\_\_  
(BCBA signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(BCBA Typed/ Printed Name and phone number)