*Center for Autism and Behavioral Disorders*



***“Cultivating Beautiful Minds without Limits”***

*Phone: 806) 239-713 •* [*http://www.cabddallas.com*](http://www.cabddallas.com)

##  *Online Enrollment Request*

Top of Form

* Patient Full Legal Name

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* Parent / Legal Guardian Full Legal Name

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* Patient Date of Birth

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* Insurance Subscriber (Ex: Blue Cross Blue Shield, Tricare, Cigna, Aetna, etc.)

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* Insurance ID # / Group #

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* Patient Home Address

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* Parent / Legal Guardian Phone #

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* Parent / Legal Guardian Email

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* Does your child have an initial diagnosis from a developmental pediatrician? (ASD, Anxiety, Depression, Stuttering, Apraxia, etc.) Please circle YES or NO.

Yes No

* Insurance Card (Upload Picture)