WPS HEALTH INSURANCE

Wisconsin Physicians Service Insurance Corporation
1717 W. Broadway | P.O. Box 8190 | Madison, WI 53708-8190
608-977-5000

Autism Attestation Notification

Name:			Individual NPI:
Degree:	Title:	License State:	License Number:
Federal Tax I.D./EIN/FEIN/SSN:			Group NPI:
Clinic Practice Name:			Appt. Phone Number:
Address:			City/State/ZIP:

Please complete the following:

WI Autism Spectrum Disorder (ASD) Verification:
Is the outpatient mental health clinic approved by DHS with a signed Medicaid provider agreement to provide autism spectrum disorder services through the Medicaid Home and Community-based Services as granted by the Centers for Medicare & Medicaid Services (Waiver Program)?

_____ Yes _____ No

If yes, please provide documentation of this relationship and latest certification date: _____
If no, is the above provider a:

_____ Psychiatrist _____ Psychologist _____ Social Worker _____ Board-Certified Behavior Analyst

_____ Other: Non-intensive Autism Provider?

SECTION I: Providing Intensive or Intensive and Non-Intensive Level Services:

Psychiatrist/Psychologist/Social Worker/Board-Certified Behavior Analyst:
I certify that I have had at least 2,080 hours of practicing psychotherapy including at least 1,500 hours supervised training involving direct one-on-one work with individuals with ASD and including all the requirements as stated in 3.36 WI adm. code.

_____ _____
Signature of Qualified Provider Date

SECTION II: Providing Non-Intensive Level Services Only:

Non-intensive Autism Provider:
I certify that I have a state license as defined in 3.36 WI adm. code and practice within the scope of a current valid license and that I am only providing non-intensive ASD services and working under the supervision of an outpatient mental health clinic certified under 51.038 statutes.

_____ _____
Signature of Qualified Provider Date

Return completed form to:

Provider Relations, Wisconsin Physicians Service Insurance Corporation
P.O. Box 8190 ▪ Madison, WI 53708-8190 ▪ P: 608-977-5000 ▪ F: 608-977-9920

Disclaimer: Please note that this is not a contract. This information is used solely to better allow WPS to process claims.

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