



ABC of NC

Staff Use Only (initials/date rec'd):

Clinical Services Request

Rates effective 7/1/23

Client's Name: _____ DOB: _____

Parent/Guardian Name(s): _____

Phone: _____ Email: _____

SELECT SERVICE(S)*	RATE
1:1 Applied Behavior Analysis (ABA) Therapy with Behavior Technician	\$105/hour
BCBA/BCaBA Treatment Planning/Client Treatment/ Family Guidance	\$180/hour
Diagnostic Evaluation	\$184/hour
Individual Counseling/Psychotherapy (30/45/60 minutes)	\$115/\$173/\$201
Family Counseling/Psychotherapy	\$173/hour
Offsite Consultation with BCBA/BCaBA (travel charges may apply)	\$180/hour

*May be covered through private health insurance and/or Medicaid and subject to co-pays or co-insurance

SIGNATURE OF PARENT/GUARDIAN

DATE

*This is a request form only and not a guarantee of services.
This form is not a replacement for any insurance company or other funders' requirements.*

Return completed form to: dasheka.gray@abcofnc.org