

Parents/ Guardians: Please call and verify that the location of your preference accepts your insurance prior to scheduling an appointment. If none of the suggested resources meet your needs, you can also contact your insurance company or search www.zocdoc.com for more recommendations. After you have made your selection, please call our office at 770-957-8626 to let us know which location you choose so that we may send your referral prior to your appointment. Please allow our office 5 business days to complete referrals.

Autism Evaluators

 Georgia Autism Center (Medicaid & Peach State) 4046 Wetherburn Way NW # 1 Peachtree Corners, GA 30092 	770-696-4384
 Peachtree Pediatric Psychology { Medicaid ONLY } 750 Hammond Dr building 10 #100 Atlanta, GA 30328 	404-796-7777
 Rubin Center for Autism {\$\$ SELF PAY only \$\$} 750 Hammond Dr 1 #100 Atlanta, GA 30328 	404-303-7247
 Intown Pediatrics Behavior Wellness {\$\$ SELF PAY only \$\$} 1718 Peachtree St NW # 496 Atlanta, GA 30309 	404-476-3535
• Mind & Motion Developmental Centers 5050 Research Ct #800 { Medicaid, Amerigroup & Caresource } Suwanee, GA 30024	678-749-7600
 Hope Bridge 3800 Camp Creek Parkway Bldg 1400 Atlanta 126 Pavilion Parkway Fayetteville, GA 2415 Wall Street SE Conyers, GA 	770-999-9271 770-954-8988 470-207-8845
• Joshua Tree	470-825-7000 470-831-4049
 Atlanta Autism Center 7138 Hwy 212 #102 Covington, GA 	833-628-8476

REFERRAL PROCEDURES & RULES:

^{*} All Referrals MUST be from a McDonough Pediatrics physician. * Our office needs to be notified 5 business days in advance and include: DATE, TIME and NAME OF SPECIALIST. Failure to provide all necessary information may result in delay of processing the request. *Each specialist office has their own rules/guidelines, it is your responsibility to be aware of these policies and to follow them accordingly. * Cancellations and/or rescheduling of appointments is your responsibility. Our office works very closely with these specialists and their offices, to ensure that we get appointments for our patients on an ASAP or first available / work-in basis. We do not want to jeopardize this relationship by referring those patients who do not follow their policies. * In the event that your referral expires prior to your scheduled appointment date, please notify our office immediately so we can update the referral as needed.

^{**}On URGENT / SAME DAY/ NEXT DAY appointments, please notify our office ASAP so they can be processed immediately. **